Case 3:04-cv-00131-JKS Document 53-19, Filed 12/22/2006 Page 1 of 14

1	UNITED STATES DISTRICT COURT
2	FOR THE DISTRICT OF ALASKA
3	000
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5	KIMBERLY ALLEN, Personal Representative of the ESTATE Of
6	TODD ALLEN, Individually, on Behalf of the ESTATE OF TODD ALLEN, and on Behalf of the Minor Child PRESLEY GRACE
8	ALLEN, Plaintiff,
9	vs. No. 304-CV-0131 (JKS)
10	UNITED STATES OF AMERICA, Defendants.
11	Defendants
12	
' 13 	
14	
15	DEPOSITION OF RONALD F. SHALLAT, M.D.
16	February 17, 2006
17	San Francisco, California
18	
19	
20	
21	
22	ATKINSON-BAKER, INC. COURT REPORTERS
23	(800) 288-3376 www.depo.com
24	Reported by: DANUTA KRANTZ, CSR NO. 4782
25	FILE NO.: A000DA7

1	Q. So aside from articles that	10:11:40	1	A. I am teaching. I help other	10:13:4
2	Mr. Guarino sent to you, you didn't do any review	10:11:42	2	attending neurosurgeons there deal with the	10:13:5
3	of the literature yourself; is that correct?	10:11:44	3	residents. I see patients with the residents, I	10:13:5
4	A. No. That's correct.	10:11:46	4	review cases with them. I occasionally assist in	10:13:5
5	Q. I am just curious, why did you	10:11:46	5	surgery.	10:14:0
6	in terms of the depositions of people involved in	10:11:53	6	Q. When you say you occasionally	10:14:0
7	this case, you reviewed Donna Fearey, Mrs. Allen	10:11:56	7	assist in surgery, are you assisting the residents	10:14:0
8	and Patricia Ambrose.	10:11:59	8	or the attendings or	10:14:0
9	Did Mr. Guarino ask you specifically to	10:12:00	9	A. Either.	10:14:0
10	review those particular depositions?	10:12:02	10	Q. How many patients are you seeing a	10:14:0
11	A. No. I just thought that would be a	10:12:02	11	week at U.C. Med Center? I'm sorry, U.S. Med	10:14:1
12	good idea.	10:12:07	12	Center.	10:14:
13	Q. And why those particular ones as	10:12:08	13	A. About probably ten.	10:14:
14	opposed to, like, Dr. Dietz or Dr. Lee or	10:12:10	14	Q. All right. And is this any	10:14:
15	A. Well, I think that those other	10:12:14	15	particular department of the I mean, is this in	10:14:2
16	doctors were involved after the fact, and I assume	10:12:19	16	the neurosurgery department?	10:14:2
17	the areas in dispute will be involving the	10:12:19	17	A. It is in the neurosurgery	10:14:
18	depositions of the people that I reviewed, you	10:12:29	18	department.	10:14:
19	know. That's all. Just that was the way I	10:12:29	19	•	10:14:
20	reasoned it out.	10:12:35	20	Q. Do they have any particular is there sort of a subdepartment there that deals	10:14:
21	Q. In terms of other materials that	10:12:36	21	with, let's say, since it's the subject of this	10:14:
22	you were given by Mr. Guarino, were you given all	10:12:30	22	case, aneurysms?	10:14:
23	of Mr as far as you knew, all of Mr. Allen's	10:12:50	23		
24	medical records?	10:12:53	23	A. Yes, but I don't usually work with that department.	10:14: 10:14:
25	A. As far as I know.	10:12:53	25	Q. That is a separate department; is	10:14:
	TO TO SO A MICH.	Page 10	23	Q. Macis a separate department, is	Page l
1	Q. Were you given any of his	10:12:54	1	that correct?	10:14:4
2	employment records?	10:12:57	2	 Well, it's a division, if you will, 	10:14:4
3	 A. I don't know. If they were in 	10:12:58	_ 3	or a subspecialty of neurosurgery. That's right.	10:14:
4	there, I didn't look at them.	10:13:01	4	Q. Would it be fair to say that is not	10:14:
5	Q. You don't recall seeing any	10:13:02	5	your subspecialty?	10:14:
6	employment records?	10:13:04	6	A. That's correct.	10:14:
7	A. No.	10:13:04	7	Q. What is that subspecialty called?	10:14:
8	Q. Did you review the actual CT, the	10:13:05	8	 Vascular neurosurgery. 	10:14:
9	brain CT scans from Providence Hospital that were	10:13:08	9	Q. And is your particular interest or	10:14:
10	taken on April 19, 2003?	10:13:12	10	has let me back up.	10:15:
11	A. Yes.	10:13:14	11	You have been a neurosurgeon for 40	10:15:
12	Q. Let me ask you about your current	10:13:15	12	years; is that correct?	10:15:
13	practice. And you and I spoke, I think it was	10:13:20	13	A. That's correct.	10:15:
14	maybe two or three years ago; is that correct?	10:13:23	14	Q. Has your particular interest been	10:15:
15	A. That's right.	10:13:24	15	in pediatric neurosurgery?	10:15:
16	Q. What currently, are you still	10:13:25	16	 A. That when I was in practice, 	10:15:
17	semi would semi-retirement be the	10:13:29	17	that made up half of my practice.	10:15:
18	A. Semi-retired would be	10:13:31	18	Q. What was the other half of your	10:15:
19	Q a good way to describe	10:13:33	19	practice?	10:15:
20	description?	10:13:33	20	 A. Adult, general adult neuro 	10:15:
21	A the appropriate term, right. I	10:13:34	21	everything.	10:15:
22	am working just two days a week at UC Med Center	10:13:35	22	Q. General everything that came in the	10:15:
	in San Francisco.	10:13:38	23	door?	10:15:
23	O Milhot and some deline at the sound	10:13:38	24	A. Right.	10:15:
23 24	Q. What are you doing at the med	10.15.50	27	A Nighti	10.19.
	center?	10:13:42	25	Q. The and I understand you are	10:15:

4 (Pages 10 to 13)

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1					
	A. Well, you want to try to make a	11:31:26	1	you would have to bump somebody who was scheduled	11:33:4
2	definitive diagnosis as to the cause of the	11:31:30	2	for an angiogram for some elective procedure or	11:33:5
3	subarachnoid hemorrhage.	11:31:33	3	what have you, you know.	11:33:5
4	Q. Would you do that through	11:31:34	4	So it could take a minimum of an hour to	11:33:5
5	angiography?	11:31:35	5	get it done and it could take several hours to get	11:34:0
6	A. That is the gold standard.	11:31:36	6	it done.	11:34:0
7	Nowadays, they are getting closer to relying on a	11:31:39	7	Q. How	11:34:0
8	test called CT angiography, but	11:31:43	8	 A. By "done" I mean to get the patient 	11:34:0
9	Q. And I do want to sort of go back to	11:31:48	9	to the suite. Then it takes more time, you know.	11:34:0
10	2003, what you think the technology that was	11:31:52	10	Q. How long does it take to do an	11:34:1
11	available at that point?	11:31:57	11	angiography?	11:34:1
12	 A. Well, they had CT angiography, but 	11:31:58	12	 A. It could take anywhere from one to 	11:34:1
13	I am not sure it was the gold standard. The gold	11:32:01	13	two or three hours, I think. It depends on the	11:34:1
14	standard would still be transfemoral cerebral	11:32:03	14	skill of the angiographer, the type of equipment	11:34:2
15	angiography.	11:32:07	15	they have, the help they have and so forth.	11:34:2
16	Q. When you say the gold standard	11:32:08	16	Q. Then we have talked you have	11:34:2
17	 A. Meaning the best available, the 	11:32:09	17	talked a little bit about surgery, that that is a	11:34:3
18	most likely to make the clearest and most	11:32:13	18	potential treatment for aneurysm; is that correct?	11:34:
1 9	definitive diagnosis.	11:32:17	19	A. That's correct.	11:34:4
20	Q. Okay. What else would that tell	11:32:19	20	Q. And what if you could just	11:34:4
21	you? What would the angiography tell you?	11:32:21	21	describe for me what are the kind of in 2003	11:34:4
22	A. It would tell you if you already	11:32:23	22	what were the possible surgeries?	11:34:4
23	had vasospasm,	11:32:25	23	A. Well, if we assume that the problem	11:34:
24	Q. What else would it tell you?	11:32:29	24	is an aneurysm as a cause of subarachnoid	11:34:5
25	 A. Well, it tells you about collateral 	11:32:31	25	hemorrhage	
		Page 78			Page 80
1	circulation, which may be important in designing a	11:32:37	1	Q. Let's assume that for a moment.	_
2	treatment plan.	11:32:43	2	A. Right, Surgery would consist of a	11:35:0
3	Q. Is art if you could help me out.	11:32:44	3	craniotomy, meaning an opening in the head, and	11:35:0
4	Arteriography, is that is angiography the same	11:32:49	4	approaching the aneurysm under the microscope, the	11:35:0
S	as arteriography?	11:32:52	5	ultimate goal is usually to try to put a metal	11:35:
6	A. Yes.	11:32:52		clip on the aneurysm, on the neck of the aneurysm	
			6	· ·	11:35:1
7	Q. They are sort of synonymous?	11:32:53	7	to exclude it from the circulation without	11:35:1 11:35:2
7 8	A. Yeah. Technically, angiography			· ·	11:35:2
		11:32:53	7	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical	
8	A. Yeah. Technically, angiography	11:32:53 11:32:55	7 8	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical	11:35:2 11:35:2 11:35:2
8 9 10	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both.	11:32:53 11:32:55 11:32:58	7 8 9	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical	11:35:2 11:35:2 11:35:2 11:35:2
8 9 10 11 12	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06 11:33:08	7 8 9 10	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical location I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages?	11:35:2 11:35:2
8 9 10 11 12 13	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06	7 8 9 10 11	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what	11:35:2 11:35:2 11:35:2 11:35:2 11:35:2
8 9 10 11 12 13	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:12	7 8 9 10 11 12	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::
8 9 10 11 12 13 14 15	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one?	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06 11:33:10 11:33:12 11:33:15	7 8 9 10 11 12 13	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::
8 9 10 11 12 13 14 15 16	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a	11:32:53 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:12 11:33:15 11:33:16	7 8 9 10 11 12 13 14	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::
8 9 10 11 12 13 14 15 16 17	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have	11:32:53 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:12 11:33:15 11:33:16 11:33:22	7 8 9 10 11 12 13 14 15	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called anterior part of	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::
8 9 10 11 12 13 14 15 16 17	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have to call in the team to do anglography. And in	11:32:53 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:15 11:33:16 11:33:22 11:33:28	7 8 9 10 11 12 13 14 15 16	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical location I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called anterior part of the circle of Willis and 20 percent on the	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::
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8 9 10 11 12 13 14 15 16 17 18 19	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have to call in the team to do anglography. And in those cases, if they would assure you that they would do it first thing in the morning, you might	11:32:53 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:15 11:33:16 11:33:22 11:33:28	7 8 9 10 11 12 13 14 15 16 17 18	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical location I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called anterior part of the circle of Willis and 20 percent on the posterior part, roughly. Q. What are the consequences of that	11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35:
8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have to call in the team to do anglography. And in those cases, if they would assure you that they would do it first thing in the morning, you might set it up for first thing in the morning rather	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:15 11:33:15 11:33:16 11:33:22 11:33:28 11:33:32	7 8 9 10 11 12 13 14 15 16 17 18	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical location I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called anterior part of the circle of Willis and 20 percent on the posterior part, roughly.	11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35:
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8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have to call in the team to do anglography. And in those cases, if they would assure you that they would do it first thing in the morning, you might set it up for first thing in the morning rather than bringing them in at midnight to do it, in	11:32:53 11:32:55 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:15 11:33:16 11:33:22 11:33:28 11:33:32 11:33:35 11:33:37	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical focation I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called anterior part of the circle of Willis and 20 percent on the posterior part, roughly. Q. What are the consequences of that location in terms of having, you know, being able to have surgery or A. Right. Well, the aneurysms of the	11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:35: 11:36: 11:36:
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yeah. Technically, angiography means the study of blood vessels, whereas arteriography means the study of arteries, but you end up studying them both. Q. How long does it take to get I am just curious in your own practice, how long would it take you to get an angiography if you wanted one? A. Depended on the time of day. If a patient came in at 10:00 at night, you would have to call in the team to do angiography. And in those cases, if they would assure you that they would do it first thing in the morning, you might set it up for first thing in the morning rather than bringing them in at midnight to do it, in other words.	11:32:53 11:32:58 11:33:02 11:33:06 11:33:08 11:33:10 11:33:15 11:33:15 11:33:22 11:33:22 11:33:32 11:33:37 11:33:37	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	to exclude it from the circulation without compromising the parent vessel. Q. Is it more is there a typical location I mean, statistically, is there a more typical location of the aneurysms that cause subarachnoid hemorrhages? A. Well, most aneurysms occur on what is called the circle of Willis, at the base of the brain. I am not sure of the exact percentage, but probably somewhere in the neighborhood of 80 percent occur on the so-called antenor part of the circle of Willis and 20 percent on the posterior part, roughly. Q. What are the consequences of that location in terms of having, you know, being able to have surgery or A. Right. Well, the aneurysms of the posterior part of the circle of Willis are	11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35:: 11:35::

1 Q. So the anterior being less 2 difficult? 3 A. That's right, but still technically 4 challenging. I mean, it's a it was probably 5 the most hazardous kind of surgery that I did in 6 neurosurgery, I mean, the highest risk and some of 7 the most technically challenging surgery. 8 Q. So really, it would be you know, 9 in an ideal world you would really want a patient 10 who is being treated at a center where really the 11 focus was on aneurysms and doing that type of 12 surgery; would that be fair to say? 13 A. I think the patient has, you know, 14 a much better chance of a good 16 outcome if they are in a facility which actually 17 really specializes in that particular type of 18 surgery? 19 A. Exactly. 20 Q. Would you agree with me that it's 21 actually unusual that surgery would occur within 22 the first 24 hours of a patient having a 23 subarachnoid hemorrhage bleed? 24 A. Well, I think it's unusual only in 25 the sense that the logistics sometimes are hard to	mment 11:39:20 rse, in his 11:39:33 ron the care 11:39:38 ron the care 11:39:38 ron the the 11:39:40 rong to be at 11:39:40 rong to be at 11:39:50 rong the care, 11:39:55 ron the care, 11:39:55 ron the care, 11:39:55 ron the care, 11:39:55 ron the care, 11:39:55 rong to be at 11:39:46 rong to be at 11:39:40 rong to be at 11:39:46 rong t
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9 In an ideal world you would really want a patient who is being treated at a center where really the focus was on aneurysms and doing that type of surgery; would that be fair to say? 11:36:48 12 13 14 15 A. Okay. 15 16 17 18 19 20 30 30 31 30 40 30 40 40 40 40 40 40 40 40 40 40 40 40 40	oing to be at 11:39:46 ngth of this 11:39:48 11:39:50 11:39:51 11:39:51 11:39:53 11:39:55 11:39:55 11:39:55 11:39:55 11:39:55 11:39:55 11:39:55 11:39:55 11:40:05 11:40:05 11:40:05 11:40:05 11:40:12 11:40:12 11:40:13 11:40:13 11:40:18 11:40:18
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25 the sense that the logistics sometimes are hard to 11:37:24 25 A. I would say that is probably	-
	y a good 11.70.21
rage 62	Page 84
1	_
1 arrange in 24 hours between getting the angiogram 11:37:28 1 characterization of it.	11:40:24
2 and then assembling an experienced and well-rested 11:37:36 2 Q. Okay.	11:40:2
3 team to do it, you know. Again, most surgeons 11:37:41 3 MR. GUARINO: Just so it is cl	lear, you 11:40:28
4 would not want to tackle this at 10:00 at night 11:37:46 4 have got his report. You can expect I	he would 11:40:30
5 with a relief crew of nurses in the operating room 11:37:49 5 testify about anything in terms of the	statements 11:40:3
6 and so forth, and so very often they are put off 11:37:53 6 that are made in his report.	11:40:34
7 for 24, 48, 72 hours, just to make the logistics 11:37:56 7 MS. McCREADY: Okay.	11:40:35
8 optimal. 11:38:01 8 MR. GUARINO: You keep rais	
9 Q. Sure. But statistically, I mean, 11:38:03 9 of standard of care and in terms of w	hether he is 11:40:38
10 that is would you agree that statistically that 11:38:04 10 going to be asked to comment on sta	andard of care. 11:40:39
11 is true, most surgeries take place more than 24 11:38:06 11 That is a legal term. I mean, to expla	ain the 11:40:4:
12 hours after the patient presents with a bleed? 11:38:10 12 concept of subarachnoid hemorrhage	does not mean 11:40:43
13 A. Probably so. 11:38:12 13 you are going to comment on the sta	indard of care 11:40:4!
Q. Okay. Let me ask you about the 11:38:12 14 about something.	11:40:47
15 report, which I know I have. I have two copies of 11:38:27 15 MS. McCREADY: Let's make s	
16 it. 11:38:44 16 understand this.	11:40:5
17 (Document marked Plaintiff's 11:38:53 17 In your is it your idea, Gary	
18 Exhibit 2 for identification.) 11:38:54 18 you can call an expert witness, you can	
19 MS. McCREADY: Q. What exactly were you 11:38:54 19 of comment on the care provided, so	=
20 asked to do in this case? 11:38:58 20 could comment that he thinks, well, of	
21 A. 1 don't remember the exact charge. 11:39:00 21 it was perfectly reasonable for the nu	
22 I guess just to render an opinion about the whole 11:39:06 22 practitioner to have misdiagnosed thi	
23 case, you know, in some capacity, but I don't 11:39:12 23 but he is not going to talk about the	
24 remember what the exact charge was. 11:39:15 24 care? That doesn't make any sense t	
25 Q. As you sit here today, what is your 11:39:17 25 MR. GUARINO: If that's the	
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2 testify about whether subarrachnoid hemorrhage is a 11:41:19 3 difficult condition to diagnose. Why is that 11:41:29 5 practitioner should or should not on that 11:41:27 5 practitioner should or should not on that 11:41:29 6 7 Q. Is it your opinion that it's more 11:43:30 7 Q. Is it your opinion that it's more 11:43:30 7 Q. Is it your opinion that it's more 11:43:30 8 Use of act finder why it's a difficult condition to 11:41:30 7 Q. Is it your opinion that it's more 11:43:30 8 Use of act finder why it's a difficult condition to 11:41:30 7 Q. Is it your opinion that it's more 11:43:30 8 Use of act finder why it's a difficult condition to 3 11:41:30 8 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's a difficult condition to 3 Use of act finder why it's and it's a use of act finder why it's a difficult condition to 3 Use of act finder why it's and it's a use of act finder why it's a difficult condition to 3 Use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's a use of act finder why it's and it's and it's a use of act finder why i	1					
2		question. I don't know, but he can certainly	11:41:16	1	cerebral aneurysm."	11:43:1:
3 difficult condition to diagnose. Why is that? It 144121 3 has nothing to do with whether a nurse 1144127 5 has nothing to do with whether a nurse 1144127 5 has nothing to do with whether a nurse 1144127 5 has nothing to do with whether a nurse 1144127 5 has nothing to do with whether a nurse 1144127 5 has nothing to should not on that 1144127 5 has fact finder why it's a difficult condition to 1144130 7 has not finder why it's a difficult condition to 1144130 7 has not the point of the deposition. You 1144130 7 has not the point of the deposition. You 1144130 7 has not the point of the deposition. You 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether is going to be asked about. 1144130 7 has not whether ways. Corromenting on care that you don't use the issuance of care? He put the form ways of corromenting on care that you don't use the issuance of drugs, such as cocaine and amphetamines, can life. 1144130 114413	2		11:41:19	2	And that is correct, isn't it, that	11:43:13
1.143	3		11:41:21	3	statistically, most people with subarachnoid	11:43:15
5 particular eccasion diagnose it. If just explains 11:41:27 5 to a feet finder why it's a difficult condition to 11:41:30 8 diagnose. That's not a standard of care question. 11:41:30 8 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we and talk all day about that . 11:41:30 9 But we find the point of the deposition. You in the point of the deposition of the point of the deposition. You in the point of the point of the deposition of the point of the deposition of the point of the deposition. You in the point of the deposition of the point of	4		11:41:24	4	bleeds such as this, the cause would be a cerebral	11:43:18
1-22 1-23 1-24 1-24 1-25			I	5	•	11:43:2:
1.1. 1.1.			I	6	•	11:43:27
But was can talk all day about that, 114132 5	_	• • • • • • • • • • • • • • • • • • • •	I	_		
But we can talk all day about that.			,			
10 That is not the point of the deposition. You 11:41:36 1		•	I			
11		· · · · · · · · · · · · · · · · · · ·	I	_	2.	
MS, MCCREADY: Yeah, I am sure you will. 11:41:41 MR, GUARINO: Yeah, I am sure you will. 11:41:41 But am I going to ask him, did Nurse Fearey breach 11:41:43 MR, GUARINO: Right. But there are 11:41:43 MS, MCCREADY: Right. But there are 11:41:50 MS, MCCREADY: Right. But there are other ways. So you have that in 11:41:50 MS, MCCREADY: Right. Sult there are other ways. So you have the till-41:50 MR, GUARINO: And then he may not 11:41:50 MR, GUARINO: And then he may not 11:42:50 MR, GUARINO: And then he may not 11:		· ·	I		•	
MR. GUARINO: Yeah, I am sure you will. 1:41:41 13 14:41 13 14:41:41 13 14:41:41 13 14:41:41 13 14:41:41 14:41 14:41 14:41 15 14:41:41 15 14:41:41 15 14:41:41 16 16 16 16 16 16 16		·	11:41.30		·	
14 But am I going to ask him, did Nurse Fearey breach 11:41:45 15 the standard of care? He just told you no, that 11:41:46 16 Is not what he is going to be asked about. 11:41:47 17 MS. MCCREADY: Right. But there are 11:41:49 18 other ways. Certainly I would — there are other 11:41:50 19 ways of commenting on care that you don't use the 11:41:50 19 ways of commenting on care that you don't use the 11:41:50 11 still the same thing. That's all. But that's all 11:41:50 12 still the same thing. That's all. But that's all 11:41:50 13 MR. GUARINO: And then he may not 11:42:00 14 mr. All the same thing. That's all. But that's all 11:42:00 14 understand all of those other ways. So you have 11:42:00 15 shorters your questioning today, great, but, you 11:42:00 16 shorters your questioning today, great, but, you 11:42:00 17 shorters your questioning today, great, but, you 11:42:00 18 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 10 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 19 shorters your questioning today, great, but, you 11:42:00 10 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 shorters your questioning today, great, but, you 11:42:00 11 sh		•	11.41.41			
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16 Is not what he is going to be asked about. 17					•	
MS, McCREADY: Right, But there are 11:41:49 to propose of commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew your commenting on care that you don't use the sew thing. That's all. But that's all still the same thing. That's all. But that's all 11:41:55 to move, you have either ways. So you have asked the question, he answered it. If that 11:42:02 to winderstand all of those other ways. So you have asked the question, he answered it. If that 11:42:04 to work, you have got his report. You can assume 11:42:07 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:09 to work, you have got his report. You can assume 11:42:00 to work, you have got his report. You can assume 11:42:00 to work, you have got his report. You can assume 11:42:00 to work, you have got his report. You can assume 11:42:00 to work, you have got his report. You can assume 11:42:00 to work, you have got h						
other ways. Certainly I would there are other ways of commenting on care that you don't use the sign of drugs, such as cocaine and amphetamines, can induce this type of bleeding." Induce		-				
19 ways of commenting on care that you don't use the 114-152 10 talismanic phrase "standard of care," but it's 114-155 114-155 114-156 114-157 114-159 114-159 114-159 114-159 114-159 114-159 114-159 114-159 114-159 114-159 114-159 114-159 1		_				11:43:3
shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you asked the question, he answered it. If that 11:42:02 is shortens your questioning today, great, but, you and page 36 is shortens your questioning today, great, but, you and page 36 is shortens your questioning today, great, but, you and page 36 is shortens your questioning today, great, but, you and page 36 is shortens your questioning today, great, but, you and page 36 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens your questioning today, great, but, you answered it. If that 11:42:02 is shortens you have that in front of 11:42:04 is that right? I that right		· · · · · · · · · · · · · · · · · · ·				11:43:4
still the same thing. That's all. But that's all 11:41:57 11:41:59 21 fight. 11:43:57 22 fight. 11:43:59 23 MR. GUARINO: And then he may not 11:41:59 23 A. That's right. 11:43 24 understand all of those other ways. So you have 11:42:00 25 Mr. Allen was using cocaine or amphetamines; is 11:43 25 Mr. Allen was using cocaine or amphetamines; is 11:43 26 Mr. Allen was using cocaine or amphetamines; is 11:43 27 Mr. Allen was using cocaine or amphetamines; is 11:43 28 Mr. Allen was using cocaine or amphetamines; is 11:43 29 Mr. Allen was using cocaine or amphetamines; is 11:43 29 Mr. Allen was using cocaine or amphetamines; is 11:43 29 Mr. Allen was using cocaine or amphetamines; is 11:43 20 Mr. Allen was using cocaine or amphetamines; is 11:43 29 Mr. Allen was using cocaine or amphetamines; is 11:43 20 Mr. Allen was usi		•				11:43:4
22 right.		•		20		11:43:4
MR. GUARINO: And then he may not 11:41:59 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:04 asked the question, he answered it. If that 11:42:05 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 anything in his report, the could testify about. 11:42:09 asked that anything in his report, the could testify about. 11:42:09 asked the country in his report, the could testify about. 11:42:09 asked the country in his report, the could testify about. 11:42:09 asked the questioning that he had a subarachnoid 11:42:09 asked the questioning that he had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachnoid bleed that opinion that Mr. Allen had a subarachn		still the same thing. That's all. But that's all	11:41:57	21	the records you have reviewed, and you reviewed a	11:43:4
understand all of those other ways. So you have asked the question, he answered it. If that 11:42:02 asked the question, he answered it. If that 11:42:02 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:04 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the question, he answered it. If that 11:42:07 and 11:42:07 began asked the question, he answered it. If that 11:42:07 began asked the questioning today, great, but, you asked the questioning today, great, but, you asked the questioning today, great, but, you asked the questioning today great, but, you asked that 11:42:07 began asked the questioning today, great, but, you asked the questioning today great that you related to that 11:42:08 began asked the questioning today great that you related to that 11:42:08 began asked the questioning today, great that you related to that	22	right.	11:41:59	22	lot of medical records; is that right?	11:43:5
25 asked the question, he answered it. If that Page 86	23	MR. GUARINO: And then he may not	11:41:59	23	A. That's right.	11:43:
1 shortens your questioning today, great, but, you 11:42:04 2 know, you have got his report. You can assume 11:42:07 2 A. That's correct. 11:43:08 3 anything in his report, he could testify about. 11:42:19 4 MS. McCREADY: That's fine. We will 11:42:14 5 that right? 11:43:14 5 that right? 11:44:14 6 Q. I have your report. We have marked 11:42:14 5 that right? 11:44:15 1 that right? 11:44:16 6 A. That's right. 11:44:16 6 A. That's right. 11:44:17 1 tas Exhibit 2. Do you have that in front of 11:42:38 7 Q. Now, you go on to say that the 11:44:18 9 you, pr. Shalat? 11:42:38 9 10 correct, isn't it? 11:44:19 9 A. Yes. 11:42:43 10 opinion that Mr. Allen had a subarachnoid 11:42:43 11 opinion that Mr. Allen had a subarachnoid 11:42:44 12:44 13 A. That's correct. 11:42:45 14 14 14 14 14 14 14 14 14 14 14 14 14	24	understand all of those other ways. So you have	11:42:00	24	Q. There is not any evidence that	11:43:5
shortens your questioning today, great, but, you 11:42:07 2 know, you have got his report. You can assume 11:42:07 3 anything in his report, he could testify about. 11:42:09 3 Q. All right. And so again, 11:43:09 4 MS. McCREADY: That's fine. We will 11:42:12 5 move on. 11:42:14 6 Q. I have your report. We have marked 11:42:14 7 it as Exhibit 2. Do you have that in front of 11:42:36 8 you, Dr. Shallat? 11:42:38 9 overlooked on initial presentation. And that is 11:44 10 Q. Okay. Certainly you have the 11:42:43 11 A. That's correct. 11:42:43 12 hemorrhage bleed; is that correct? 11:42:43 13 A. That's correct. 11:42:44 14 Q. All right. And that was that 11:42:48 15 based on the CT scan that was taken at Providence 11:42:55 16 Q. Anything else that you relied on in 11:42:55 17 the right? 18 determining that he had a subarachnoid bleed that 11:42:55 18 Q. Anything else that you relied on in 11:42:55 19 Q. Anything else that you relied on in 11:43:01 20 Q. You sald, "Probably the most 11:43:01 21 A. No. 22 Q. You sald, "Probably the most 11:43:05 23 C Mall right. And so again, 11:43:05 24 I mean, is that a general concern that 11:42:14 11 that right? 2 A. That's correct. 11:42:15 15 hat right? 2 A. That's right. 11:44 16 A. That's correct. 11:42:39 17 A. Yes, it is. 11:44 18 that has been talked about in the literature for 11:42:48 19 over 30 years; is that right? 11:44 19 determining that he had a subarachnoid bleed that 11:42:55 17 there is a concern expressed generally in the 11:42:55 18 literature, that, gee, you know, patients with 11:44 19 determining that he had a subarachnoid bleed that 11:43:01 21 actually, you know, learn how to do the 11:43:01 22 Q. You sald, "Probably the most 11:43:05 23 hemorrhage sarlier. 11:44 11:44 12:45 13 that has been talked about in the literature for 11:44 14 that has been talked about in the literature for 11:42:48 15 hat right? 16 over 30 years; is that right? 17 that has been talked about in the literature for 11:42:48 11 that has been talked about in the literature for 11	25	asked the question, he answered it. If that	11:42:02	25	Mr. Allen was using cocaine or amphetamines; is	11:43:
2 know, you have got his report. You can assume 11:42:07 anything in his report, he could testify about. 11:42:09 3 Q. All right. And so again, 11:43:08 4 MS. McCREADY: That's fine. We will 11:42:12 5 that right? 11:44:09 6 Q. I have your report. We have marked 11:42:14 6 A. That's right. 11:44:09 7 Q. Now, you go on to say that the 11:44:09 7 Q. Okay. Certainly you have the 11:42:38 9 0 overlooked on initial presentation. And that is 11:44:09 10 Q. Okay. Certainly you have the 11:42:48 11 correct, 11:42:48 11 A. Yes. 11:42:48 12 hemorrhage bleed; is that correct? 11:42:48 13 A. That's right. 11:44:09 10 Q. All right. And that was that 11:42:48 14 over 30 years; is that right? 11:44 15 based on the CT scan that was taken at Providence on April 19, 2003? 11:42:55 16 Q. Anything else that you relied on in 11:42:56 18 literature, that, gee, you know, patients with 11:43:01 20 determining that he had a subarachnoid bleed that 11:43:05 21 A. No. 11:43:05 22 Literature, that gee, you know, patients with 11:44 20 differential diagnosis and diagnose subarachnoid 11:44:05 21 I mean, is that a general concern that 11:44:05 11:			Page 86			Page 88
anything In his report, he could testify about. MS. McCREADY: That's fine. We will 11:42:12 4 statistically, most likely he had an aneurysm; is 11:43: 11:44: 15 move on. 11:42: 14 6 A. That's right. It as Exhibit 2. Do you have that in front of 11:42: 36 7 Q. Now, you go on to say that the 11:44: 38 8 diagnosis of subarachnoid hemorrhage is often 11:44: 39 9 A. Yes. 11:42: 39 10 correct, isn't it? 11:42: 41 10 opinion that Mr. Allen had a subarachnoid 11:42: 43 11 11:43: 43 11 11	1	shortens your questioning today, great, but, you	11:42:04	1	that right?	11:43:5
MS. McCREADY: That's fine. We will move on. 11:42:14 6 Q. I have your report. We have marked 11:42:14 6 Q. I have your report. We have marked 11:42:14 7 it as Exhibit 2. Do you have that in front of 11:42:38 8 you, Dr. Shallat? 9 A. Yes. 11:42:38 10 Q. Okay. Certainly you have the 11:42:39 11:42:43 12 opinion that Mr. Allen had a subarachnoid 11:42:43 13 A. That's correct. 11:42:44 14 Q. All right. And that was that 11:42:45 15 based on the CT scan that was taken at Providence 11:42:55 16 Q. And as we just discussed, I mean, 11:44 17 over 30 years; is that right? 18 Q. Anything else that you relied on in 11:42:55 19 determining that he had a subarachnoid bleed that 11:42:55 10 Q. And there is a problem where 11:42 11 A. Yes. 11:42:55 12 Q. And there is a problem where 11:42 13 A. No. 11:43:01 14:42:55 15 A. That's right. 16 Q. And there is a problem where 11:42 16 Q. Anything else that you relied on in 11:42:55 17 there is a concern expressed generally in the 11:42:55 18 literature, that, gee, you know, patients with 19 determining that he had a subarachnoid bleed that 11:42:56 19 opractitioners who are in emergency departments 11:43:01 20 You said, "Probably the most 21 A. No. 22 You said, "Probably the most 23 common" and I am reading from your report. 24 "Probably the most common cause of this condition 25 ER physicians, medical practitioners are missing 11:44 11:42:48 12 that right? 11:44:08 12 A. That's right. 12 A. That's right. 12 A. That's right. 13 A. That's right. 14 A. That's right. 15 A. That's right. 16 A. That's right. 16 A. That's right. 17 A. That's right. 18 A. That's right. 19 A. That'	2	know, you have got his report. You can assume	11:42:07	2	A. That's correct.	11:43:5
5 move on. 6 Q. I have your report. We have marked 7 it as Exhibit 2. Do you have that in front of 8 you, Dr. Shallat? 9 A. Yes. 10 Q. Okay. Certainly you have the 11:42:38 10 opinion that Mr. Alien had a subarachnoid 11:42:47 11 opinion that Mr. Alien had a subarachnoid 11:42:48 12 hemorrhage bleed; is that correct? 11:42:48 13 A. That's correct. 11:42:48 14 Q. All right. And that was that 15 based on the CT scan that was taken at Providence 16 on April 19, 2003? 17 A. Yes. 18 Q. Anything else that you relied on in 18 Q. Anything else that you relied on in 18 Q. Anything else that you relied on in 18 Q. Anything else that you relied on in 18 Q. Anything else that you relied on in 18 Q. You said, "Probably the most 18 Q. You said, "Probably the most 18 Common" and I am reading from your report. 19 Q. You said, "Probably the most 11:42:05 10 Q. Now, you go on to say that the 11:42:38 10 correct, isn't it? 11:42:38 11:42:38 11:42:38 10 correct, isn't it? 11:42:48 11 A. Yes, it is. 11:44 12 Q. And as we just discussed, I mean, 11:44 13 that has been talked about in the literature for 11:42:48 14 over 30 years; is that right? 15 A. That's right. 16 Q. And that is 11:42:48 17 Q. And as we just discussed, I mean, 11:42:48 18 that right? 19 Overlooked on initial presentation. And that is 11:44 19 Q. And as we just discussed, I mean, 11:42:48 11 that has been talked about in the literature for 11:42:51 15 A. That's right. 11:42:51 16 Q. And has we just discussed, I mean, 11:44 17 A. Yes, it is. 11:42:48 18 Over 30 years; is that right? 19 A. That's injent. 11:42:48 19 Over 30 years; is that right? 11:44 19 Over 30 years; is that right? 11:44 19 Over 30 years; is that right? 11:44 10 Over 30 years; is that right? 11:44 11 that has been talked about in the literature for over 30 years; is that right? 11:44 11 that has been talked about in the literature for over 30 years; is that right? 11:44 12 Q. And there is a problem where 11:44 13 that has been talked about in the literature for over 30 years; is that right	3	anything In his report, he could testify about.	11:42:09	3	Q. All right. And so again,	11:43:5
6 Q. I have your report. We have marked 7 it as Exhibit 2. Do you have that in front of 8 you, Dr. Shallat? 9 A. Yes. 11:42:38 10 Q. Okay. Certainly you have the 11:42:39 11:42:48 12	4	MS. McCREADY: That's fine. We will	11:42:12	4	statistically, most likely he had an aneurysm; is	11:44:0
7 it as Exhibit 2. Do you have that in front of 8 you, Dr. Shallat? 9 A. Yes. 11:42:38 10 Q. Okay. Certainly you have the 11:42:49 11 opinion that Mr. Allen had a subarachnoid 11:42:49 12 hemorrhage bleed; is that correct? 11:42:48 13 A. That's correct. 11:42:48 14 Q. All right. And that was that 15 based on the CT scan that was taken at Providence 16 on April 19, 2003? 17 A. Yes. 18 Q. Anything else that you relied on in 19 determining that he had a subarachnoid bleed that 19 determining that he had a subarachnoid bleed that 10 Q. You said, "Probably the most 11:42:50 12 Common" and I am reading from your report. 11:43:01 12 The shall a general concern that 11:42:50 12 Common" and I am reading from your report. 11:43:01 12 The shall a general concern that 11:42:50 12 The shall a general concern that 11:42:50 12 The shall a general concern that 11:42:50 13 The shall a general concern that 11:42:50 14 The shall a general concern that 11:42:50 15 The shall a general concern that 11:42:50 16 The shall a general concern that 11:42:50 17 The shall a general concern that 11:42:50 18 The shall a general concern that 11:42:40 19 The shall a general concern that 11:42:40 1	5	move on.	11:42:14	5	that right?	11:44:0
7 it as Exhibit 2. Do you have that in front of 8 you, Dr. Shallat? 9 A. Yes. 11:42:38 10 Q. Okay. Certainly you have the 11:42:49 11 opinion that Mr. Allen had a subarachnoid 11:42:47 12 hemorrhage bleed; is that correct? 11:42:48 13 A. That's correct. 11:42:48 14 Q. All right. And that was that 15 based on the CT scan that was taken at Providence 11:42:45 16 on April 19, 2003? 17 A. Yes. 18 Q. Anything else that you relied on in 19 determining that he had a subarachnoid bleed that 19 determining that he had a subarachnoid bleed that 10 Q. You said, "Probably the most 11:43:01 22 Q. You said, "Probably the most 11:43:05 25 ER physicians, medical practitioners are missing 11:44 11:42:88 11:42:48 12 Q. Now, you go on to say that the 11:44:48 13 diagnosis of subarachnoid hemorrhage is often 11:44 11:42:48 12 Q. And as we just discussed, I mean, 11:44 13 that has been talked about in the literature for 11:42:48 14 over 30 years; is that right? 15 A. That's right. 16 Q. And there is a problem where 17 A. Yes. 18 literature, that, gee, you know, patients with 19 determining that he had a subarachnoid bleed that 11:43:01 22 Q. You said, "Probably the most 23 common" and I am reading from your report. 24 "Probably the most common cause of this condition 25 the read of the CT scan that of 11:43:05 26 Le R physicians, medical practitioners are missing 11:44 27 Le R probably the most common is that of 11:43:05 28 Le R physicians, medical practitioners are missing 11:44 29 Le R probably the most common cause of this condition 11:43:05 20 Le R physicians, medical practitioners are missing 11:44	6	Q. I have your report. We have marked	11:42:14	6	A. That's right.	11:44:0
8 you, Dr. Shallat? 9 A. Yes. 11:42:38 10 Q. Okay. Certainly you have the 11:42:39 11 opinion that Mr. Allen had a subarachnoid 11:42:47 12 hemorrhage bleed; is that correct? 11:42:47 13 A. That's correct. 11:42:48 14 based on the CT scan that was taken at Providence 11:42:51 15 based on the CT scan that was taken at Providence 16 on April 19, 2003? 17 A. Yes. 18 Q. Anything else that you relied on in 18 determining that he had a subarachnoid bleed that 19 determining that he had a subarachnoid bleed that 10 Q. You said, "Probably the most 11:43:01 12 Common" and I am reading from your report. 11:43:05 11:42:39 12 Common" and I am reading from your report. 11:43:05 11:42:39 12 Common and I am reading from your report. 11:43:05 11:42:39 12 Common and I am reading from your report. 11:43:05 12 I mean, is that a general concern that 11:42:39 13 Correct, isn't it? 14 A. Yes, it is. 12 Q. And as we just discussed, I mean, 11:44 14 Over 30 years; is that right? 15 A. That's right. 16 Q. And there is a problem where 11:44 15 Literature, that, gee, you know, patients with 11:42:56 18 Literature, that, gee, you know, patients with 11:43:01 20 paractitioners who are in emergency departments 11:44 11:42:58 12 A. No. 12 I mean, is that a general concern that 11:42:48 13 A. Yes, it is. 11:44 14 Over 30 years; is that right? 15 A. That's right. 16 Q. And there is a problem where 11:44 15 Literature, that, gee, you know, patients with 11:44 16 Subarachnoid hemorrhages, it's important that 11:42:58 19 subarachnoid hemorrhages, it's important that 11:42:58 19 subarachnoid hemorrhages, it's important that 11:43:01 11:43:01 12 Literature, that, gee, you know, patients with 11:44 15 Subarachnoid hemorrhages, it's important that 11:44 16 Output hat he had a subarachnoid bleed that 11:43:01 12 Literature, that, gee, you know, patients with 11:44 15 Subarachnoid hemorrhages, it's important that 16 Output hat he had a subarachnoid hemorrhages and diagnosis and diagnosis and diagnosis and diagnosis and diagnosis and d	7		11:42:36	7		11:44:0
9 A. Yes. 11:42:38 9 overlooked on initial presentation. And that is 11:44:10 Q. Okay. Certainly you have the 11:42:39 10 correct, isn't it? 11:44:41 11 opinion that Mr. Allen had a subarachnoid 11:42:43 11 A. Yes, it is. 11:44:12 Q. And as we just discussed, I mean, 11:44:14 12 Q. All right. And that was that 11:42:48 14 14:48 15 based on the CT scan that was taken at Providence 11:42:51 15 A. Yes. 11:42:51 16 On April 19, 2003? 11:42:55 16 Q. And there is a problem where 11:44:15 16 Q. Anything else that you relied on in 11:42:56 18 11:42:58 Q. Anything else that you relied on in 11:42:58 19 19 19:49:40 19:49	8	•	11:42:38	8		11:44:0
Q. Okay. Certainly you have the opinion that Mr. Allen had a subarachnoid 11:42:43 11 A. Yes, it is. 11:44. 11 opinion that Mr. Allen had a subarachnoid 11:42:43 11 A. Yes, it is. 11:44. 12 hemorrhage bleed; is that correct? 11:42:48 12 Q. And as we just discussed, I mean, 11:44. 13 A. That's correct. 11:42:48 13 that has been talked about in the literature for 11:44. 14 Q. All right. And that was that 11:42:48 14 over 30 years; is that right? 11:44. 15 based on the CT scan that was taken at Providence 11:42:51 15 A. That's right. 11:44. 16 on April 19, 2003? 11:42:53 16 Q. And there is a problem where 11:44. 17 A. Yes. 11:42:55 17 there is a concern expressed generally in the 11:44. 18 Q. Anything else that you relied on in 11:42:56 18 literature, that, gee, you know, patients with 11:44. 19 determining that he had a subarachnoid bleed that 11:42:58 19 20 day? 11:43:01 20 21 A. No. 11:43:01 20 22 Q. You said, "Probably the most 11:43:01 20 23 common" and I am reading from your report. 11:43:05 21 24 "Probably the most common cause of this condition other than trauma in a young person is that of 11:43:06 21 25 ER physicians, medical practitioners are missing 11:44 26 ER physicians, medical practitioners are missing 11:44 27 ER physicians, medical practitioners are missing 11:44 28 ER physicians, medical practitioners are missing 11:44 29 Day And there is a problem where 11:44 11:42:51 12 Q. And there is a problem where 11:44 13 that has been talked about in the literature for over 30 years; is that right? 14 A. That's right. 15 A. That's right. 16 Q. And there is a problem where 11:44 16 Day And there is a problem where 11:44 16 Day And there is a problem where 11:44 17 A. That's right. 18 Day And there is a problem where 11:44 18 Day And there is a problem where 11:44 19 Day And there is a problem where 11:44 19 Day And there is a problem where 11:44 19 Day And there is a problem where 11:44 19 Day And th		•		9		11:44:
opinion that Mr. Allen had a subarachnoid 11:42:43 11				1	•	11:44:
hemorrhage bleed; is that correct? 11:42:47 A. That's correct. 11:42:48 Q. All right. And that was that 11:42:48 based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. Q. You said, "Probably the most common" and I am reading from your report. "Probably the most common cause of this condition other than trauma in a young person is that of 11:42:48 12 Q. And as we just discussed, I mean, 11:44 13 that has been talked about in the literature for 11:44 14 over 30 years; is that right? A. That's right. Q. And there is a problem where 11:44 11:42:55 17 there is a concern expressed generally in the 11:44:55 18 literature, that, gee, you know, patients with 11:44 11:43:01 20 practitioners who are in emergency departments 11:44 21 actually, you know, learn how to do the 11:44 22 differential diagnosis and diagnose subarachnoid 11:44 23 hemorrhages earlier. 11:44 ER physicians, medical practitioners are missing 11:44 ER physicians, medical practitioners are missing 11:44		•		ĺ		
A. That's correct. 11:42:48 Q. All right. And that was that 11:42:48 based on the CT scan that was taken at Providence 11:42:51 on April 19, 2003? 11:42:55 A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that 40 day? A. No. Q. You said, "Probably the most 20 common" and I am reading from your report. 21 "Probably the most common cause of this condition other than trauma in a young person is that of 11:42:48 12 that has been talked about in the literature for over 30 years; is that right? A. That's right. 11:44 12:44 13 that has been talked about in the literature for over 30 years; is that right? A. That's right. A. A. That's right. A. That's right. A. A. That's right. A.		•		ì	·	
Q. All right. And that was that 11:42:48 15 based on the CT scan that was taken at Providence 11:42:51 16 on April 19, 2003? 11:42:53 17 A. Yes. Q. Anything else that you relied on in 11:42:56 18 Q. Anything that he had a subarachnoid bleed that 19 determining that he had a subarachnoid bleed that 10 day? 11:43:01 Q. You said, "Probably the most 11:43:01 22 Q. You said, "Probably the most 23 common" and I am reading from your report. 11:42:58 14 over 30 years; is that right? A. That's right. 11:42:51 15 A. That's right. 11:44 16 Q. And there is a problem where 11:44 17 there is a concern expressed generally in the 11:44 18 subarachnoid hemorrhages, it's important that 11:44 19 practitioners who are in emergency departments 11:44 20 differential diagnosis and diagnose subarachnoid 11:43:01 21 differential diagnosis and diagnose subarachnoid 11:44 22 hemorrhages earlier. 11:44 23 other than trauma in a young person is that of 11:43:09 24 I mean, is that a general concern that 11:44 25 ER physicians, medical practitioners are missing 11:44 11:44 11:42:51 15 A. That's right. 11:44 1				l	-	
based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. Q. You said, "Probably the most common" and I am reading from your report. Yes. 11:42:55 16 Q. And there is a problem where 11:44 17 there is a concern expressed generally in the literature, that, gee, you know, patients with 11:44 18 19 11:42:55 18 11:42:55 18 19 19 11:42:55 19 11:42:55 19 19 19 10 11:42:55 10 11:42:55 11 11:42:55 12 12 13 14 15 15 15 15 15 15 16 17 16 17 18 18 18 18 18 19 18 18 19 18 19 20 20 21 21 22 23 24 24 25 25 26 27 28 28 29 29 20 20 21 21:43:01 22 23 24 25 26 27 28 28 29 29 29 20 20 20 21 21 22 23 24 25 26 27 28 29 29 29 20 20 20 21 21 22 23 24 25 26 27 28 28 29 29 29 20 20 20 21 21 22 23 24 25 26 27 28 29 29 20 20 20 20 21 21 22 23 24 24 25 26 27 28 28 29 29 29 20 20 20 21 21 22 23 24 24 25 26 27 28 28 29 29 29 20 20 20 20 20 20 21 21 22 23 24 24 25 26 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20						
11:42:53 16 Q. And there is a problem where		y, an nyna anu mat Was Mat				
A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that A. No. A. No. C. You said, "Probably the most common" and I am reading from your report. C. "Probably the most common cause of this condition other than trauma in a young person is that of 11:42:55 17 there is a concern expressed generally in the 11:44 18 literature, that, gee, you know, patients with 11:42 19 subarachnoid hemorrhages, it's important that 11:44 20 practitioners who are in emergency departments 11:44 21 actually, you know, learn how to do the 11:43:05 22 differential diagnosis and diagnose subarachnoid 11:44 23 there is a concern expressed generally in the 11:44 24 bliterature, that, gee, you know, patients with 11:42:58 19 practitioners who are in emergency departments 11:44 22 differential diagnosis and diagnose subarachnoid 11:44 23 there is a concern expressed generally in the 11:44 24 practitioners who are in emergency departments 11:44 25 differential diagnosis and diagnose subarachnoid 11:44 26 there is a concern expressed generally in the 11:44 11:44 125 subarachnoid hemorrhages, it's important that 11:44 120 practitioners who are in emergency departments 11:44 121 actually, you know, learn how to do the 11:44 122 there is a concern expressed generally in the 11:44 125 subarachnoid hemorrhages, it's important that 11:44 120 practitioners who are in emergency departments 11:44 121 actually, you know, learn how to do the 11:44 122 there is a concern expressed generally in the 11:44 124 subarachnoid hemorrhages, it's important that 11:44 125 actually, you know, learn how to do the 11:44 126 there is a concern expressed generally in the 11:44 127 there is a concern expressed generally in the 11:44 128 there is a concern expressed generally in the 11:44 129 there is a concern expressed generally in the 11:44 120 there is a concern expressed generally in the 11:44 121 there is a concern expressed generally in the 11:44 125 there is a concern expressed in the proposition of the proposition of t	14			13	A. mais nym.	11,44,
Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. 11:43:01 Q. You said, "Probably the most common" and I am reading from your report. 22	14 15	based on the CT scan that was taken at Providence		l	O And there is a necklam where	111111
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20 day? 21 A. No. 22 Q. You said, "Probably the most 23 common" and I am reading from your report. 24 "Probably the most common cause of this condition 25 other than trauma in a young person is that of 26 day? 27 practitioners who are in emergency departments 28 actually, you know, learn how to do the 29 differential diagnosis and diagnose subarachnoid 20 differential diagnosis and diagnose subarachnoid 21 hemorrhages earlier. 22 I mean, is that a general concern that 23 common subarachnoid 24 I mean, is that a general concern that 25 ER physicians, medical practitioners are missing 26 day? 27 actually, you know, learn how to do the 28 differential diagnosis and diagnose subarachnoid 29 the most common cause of this condition 20 differential diagnosis, and diagnose subarachnoid 21 the most common cause of this condition 22 the most common cause of this condition 23 the most common cause of this condition 24 the most common cause of this condition 25 the most common cause of this condition 26 the most common cause of this condition 27 the most common cause of this condition 28 the most common cause of this condition 29 the most common cause of this condition 20 the most common cause of this condition 20 the most common cause of this condition 21 the most common cause of this condition 21 the most common cause of this condition 29 the most common cause of this condition 20 the most common cause of this condition 20 the most common cause of this condition 21 the most common cause of this condition cause caus	14 15 16 17	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes.	11:42:53 11:42:55	16 17	there is a concern expressed generally in the	11:44:
A. No. 11:43:01 21 actually, you know, learn how to do the 11:44 22 Q. You said, "Probably the most 11:43:01 22 differential diagnosis and diagnose subarachnoid 11:44 23 common" and I am reading from your report. 11:43:05 23 hemorrhages earlier. 11:44 24 "Probably the most common cause of this condition 25 other than trauma in a young person is that of 11:43:09 25 ER physicians, medical practitioners are missing 11:44	14 15 16 17	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in	11:42:53 11:42:55 11:42:56	16 17 18	there is a concern expressed generally in the literature, that, gee, you know, patients with	11:44: 11:44:
22 Q. You said, "Probably the most 11:43:01 22 differential diagnosis and diagnose subarachnoid 11:44 23 common" and I am reading from your report. 11:43:05 24 "Probably the most common cause of this condition 25 other than trauma in a young person is that of 11:43:09 25 ER physicians, medical practitioners are missing 11:44	14 15 16 17 18	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that	11:42:53 11:42:55 11:42:56 11:42:58	16 17 18 19	there is a concern expressed generally in the literature, that, gee, you know, patients with subarachnoid hemorrhages, it's important that	11:44: 11:44: 11:44:
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25 other than trauma in a young person is that of 11:43:09 25 ER physicians, medical practitioners are missing 11:44	14 15 16 17 18 19 20 21	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No.	11:42:53 11:42:55 11:42:56 11:42:58 11:43:01 11:43:01	16 17 18 19 20 21	there is a concern expressed generally in the literature, that, gee, you know, patients with subarachnoid hemorrhages, it's important that practitioners who are in emergency departments actually, you know, learn how to do the	11:44: 11:44: 11:44: 11:44: 11:44:
	14 15 16 17 18 19 20 21	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. Q. You said, "Probably the most	11:42:53 11:42:55 11:42:56 11:42:58 11:43:01 11:43:01 11:43:01	16 17 18 19 20 21 22	there is a concern expressed generally in the literature, that, gee, you know, patients with subarachnoid hemorrhages, it's important that practitioners who are in emergency departments actually, you know, learn how to do the differential diagnosis and diagnose subarachnoid	11:44: 11:44: 11:44: 11:44: 11:44:
	14 15 16 17 18 19 20 21 22 23	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. Q. You said, "Probably the most common" and I am reading from your report.	11:42:53 11:42:55 11:42:56 11:42:58 11:43:01 11:43:01 11:43:01 11:43:05	16 17 18 19 20 21 22 23	there is a concern expressed generally in the literature, that, gee, you know, patients with subarachnoid hemorrhages, it's important that practitioners who are in emergency departments actually, you know, learn how to do the differential diagnosis and diagnose subarachnoid hemorrhages earlier.	11:44: 11:44: 11:44: 11:44: 11:44: 11:44:
	14 15 16 17 18 19 20 21 22 23 24	based on the CT scan that was taken at Providence on April 19, 2003? A. Yes. Q. Anything else that you relied on in determining that he had a subarachnoid bleed that day? A. No. Q. You said, "Probably the most common" and I am reading from your report. "Probably the most common cause of this condition	11:42:53 11:42:55 11:42:56 11:42:58 11:43:01 11:43:01 11:43:05 11:43:05	16 17 18 19 20 21 22 23 24	there is a concern expressed generally in the literature, that, gee, you know, patients with subarachnoid hemorrhages, it's important that practitioners who are in emergency departments actually, you know, learn how to do the differential diagnosis and diagnose subarachnoid hemorrhages earlier. I mean, is that a general concern that	

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1	thing?	11:53:22	1	important thing.	11:55:07
2	MR. GUARINO: Objection, foundation,	11:53:22	2	A. Right.	11:55:07
3	because I think it's very careful in the questions	11:53:23	3	Q. But in that setting, where you are,	11:55:08
4	whether you are asking about headache or pain in	11:53:25	4	you know, a patient is reporting severe pain in	11:55:13
5	the head, because that is an ambiguous term in	11:53:31	5	the head, would you you would want to know the	11:55:17
6	this case.	11:53:31	6	location, but would you want to know the location	11:55:19
7	MS. McCREADY: No, it is not an	11:53:31	7	where in the head?	11:55:22
8	ambiguous term. I think the doctor understands	11:53:33	8	 Well, sometimes that is important, 	11:55:23
9	what I mean, and I can ask my questions.	11:53:33	9	but most of the time, if it's head, meaning, you	11:55:28
10	MR. GUARINO: That is my objection.	11:53:33	10	know, up here on the calvarium, on the whether	11:55:34
11	THE WITNESS: Well, it's always	11:53:35	11	it's frontal or occipital may not make a	11:55:37
12	important in medicine to take a history that is	11:53:39	12	difference. Sometimes it makes a difference if	11:55:41
13	accurate and careful.	11:53:42	13	the headache is unilateral versus bilateral.	11:55:43
14	MS. McCREADY: Q. Well, there is a	11:53:47	14	It makes a big difference if you are	11:55:46
15	difference between accurate and detailed; would	11:53:47	15	talking about headache versus pain, pain, such as	11:55:49
16	you agree?	11:53:52	16	ear pain, nose pain, eye pain, cheek pain, you	11:55:57
17	A. Yes.	11:53:57	17	know. I mean, so again, it's important to get an	11:56:00
18	Q. You can get accurate information	11:53:57	18	accurate and detailed description by the patient	11:56:06
19	and ask one question; is that correct?	11:53:59	19	of the location of the pain, yes.	11:56:09
20	A. Right. Okay. I guess I will go	11:54:00	20	Q. How about the onset of the pain,	11:56:11
21	along with that.	11:54:02	21	- · · · · · · · · · · · · · · · · · · ·	11:56:16
22	Q. Would it be important, then, to	11:54:03	22	A. Yes.	11:56:18
23	get to take a well, of course, it depends on	11:54:04	23	Q. And whether or not there were	11:56:18
24	what you are trying to ferret out from the	11:54:07	24	associated symptoms with that pain, would that be	11:56:22
25	patient, but it would be important, at least if	11:54:10	25	something you would want to know?	11:56:25
		Page 98	ľ		Page 100
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		-			
1	you have got a patient who presents with a severe		1	A. Sure.	11:56:20
2	pain in their head, reporting severe pain in their	11:54:14	2	Q. How about the history, whether or	11:56:26
3	head, that you would want to get a history as to	11:54:17	3	not it was pain that was like, you know, the pain	11:56:29
4	understanding location of the pain; would you	11:54:19	4	the patient had had in the past?	11:56:3
5	agree with that?	11:54:21	5	A. Very important.	11:56:3
6	A. Well, you already just said where	11:54:22	6	Q. Would it be important to know	11:56:3
7	the location was, in the head. But if the patient	11:54:24	7	the when the intensity of the pain peaked or,	11:56:38
8	says the pain is in the ear, then that is it	11:54:26	8	you know, the natural history of the pain? Does	11:56:4
9	connotes a different concept, you know.	11:54:28	9	that matter?	11:56:4
10	So you are listening to the patient when	11:54:31	10	A. Sure, it's all important in helping	11:56:4
11	you take a history. You are reacting to what they	11:54:34	11	to come to a conclusion. Yes.	11:56:4
12	tell you, you know. You can't go in there with a	11:54:37	12	Q. Going to the back to your	11:56:5
13	prejudice and say, I think this guy has a headache	11:54:41	13	report, that next paragraph, the fourth paragraph	11:56:5
14	or I think he has an earache. You have to listen	11:54:44	(down, it says, "The diagnosis was especially	11:57:0
15	to the patient and what they say and then go from	11:54:46	15	difficult in Mr. Allen's case, since he had a long	11:57:0
16	there.	11:54:48	16	history of headache and/or facial pain. He was	11:57:0
17	Q. Exactly. You have to listen to the	11:54:49	17	followed and treated for this condition, which was	11:57:1:
18	patient, and then as a medical provider,	11:54:50	18	posttraumatic, by a pain clinic which dispensed	11:57:12
19	especially in an emergency department, it would	11:54:53	19	and controlled his narcotic analgesic medicine."	11:57:14
20	also be your job to actually ask questions to	11:54:57	20	And I want to focus on the first	11:57:1
21	glean certain information so you can make a	11:55:00	21	sentence. When you say a long history of headache	
22	differential diagnosis; would that be right?	11:55:01	22	pain, what is that based on?	11:57:2:
23	A. Sure.	11:55:03	23	A. The medical records.	11:57:2
24	Q. And certainly you have to listen to	11:55:04	l	Q. What medical records specifically	11:57:2
25	the patient. That would be probably the most	11:55:05	25	are you basing that on?	11:57:2
		Page 99			Page 101
1		6- //			6- 101
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1	A. Well, I saw it referred to several	11:57:29	1	then I threw that away. So that is the only	11:59:
2	times in his medical records that he complained of	11:57:31	2	thing.	11:59:
3	headache, and that it was either associated with	11:57:33	3	Q. I was going to ask you	11:59:
4	or emanated from the ear and jaw, but it	11:57:39	4	A. I don't have any other handwritten	11:59:
5	specifically used the term "headache" in some of	11:57:46	5	notes.	11:59:
6	his medical records.	11:57:49	6	Q. You prepared this report? You	11:59
7	Q. It's important to me to know which	11:57:50	7	wrote it out; is that right?	11:59
8	those records are.	11:57:56	8	A. I wrote it out, typed it and threw	11:59
9	A. Well, I couldn't tell you. I would	11:57:56	9	it away.	11:59
0	have to go back and look at them one by one. And	11:57:58	10	Q. So no other handwritten notes?	11:59
1	I didn't write it down and say this is on page	11:58:00	11	A. No.	
2	three or what. But I remember specifically, I	11:58:03	12	Q. How important is it that Mr. Allen	11:59
3		11:58:10	_		11:59
	think in one instance in the physical therapy		13	has how important is it to your opinion that	11:59
4	paper and in one instance in the pain contract	11:58:13	14	the diagnosis was difficult in this case that this	11:59
5	paper that I think that was referred to. If you	11:58:17	15	issue that Mr. Allen had a long history of	12:00
6	want me to look at those papers now, I might be	11:58:20	16	headache pain?	12.00
7	able to find it.	11:58:23	17	A. I think it's very important.	12:00
8	Q. When we go on a break, I will ask	11:58:24	18	Q. Why is that?	12:00
9	you to look for those.	11:58:26	19	A. Because if he presents in the	12:00
0	A. Okay.	11:58:27	20	emergency room with symptoms that he has been	12:00
1	Q. That raises another question.	11:58:28	21	having on and off for two years, it makes your	12:00
2	Did you do a chronology in this case in	11:58:30	22	level of concern about subarachnold hemorrhage	12:00
3	terms of any sort of chronology of what was going	11:58:32	23	less than concern about his usual problem.	12:00
4	on with Mr. Allen, either before the 19th of April	11:58:35	24	Q. Did you note at all when he	12:00
5	'03 or in taking notes?	11:58:39	25	previously had come to the presented at the	12:00
		Page 102			Page 1
1	A. I looked at some of his, you know,	11:58:41		emergency department of Alaska Native Medical	12:00
2	his previous medical records from the time of his	11:58:43	2	Center complaining of 10 out of 10 pain in his	12:00
3	accident and his reconstructive surgery and the	11:58:47	3	head?	12:00
4	pain contract.	11:58:50	4	A. I don't remember. I can't tell you	12:00
5	Q. But did you yourself take any notes	11:58:52	5	the date or the actual record that I saw.	12:00
6	and make yourself a chronology?	11:58:54	6	Q. Can you tell me whether or not you	12:00
7	A. No.	11:58:56	7	ever saw on this gentleman's medical record where	12:00
8	Q. Did you make did you take any	11:58:56	8	he presented to the emergency department, any	12:00
9	notes and maybe you just answered this, but I		ا ا	emergency department, complaining of 10 out of 10	
7 0	want to be clear.	11:59:00	10	pain in his head, and also reporting vomiting and	12:01
				nausea and unable to keep his pain medications	
1	Did you take any notes and write down	11:59:01	11		12:0:
2	what visits or when he referred to having	11:59:04	12	down?	12:0:
3	headaches?	11:59:07	13	A. No.	12:0:
4	A. No.	11:59:09	14	Q. No, you don't remember or, no, you	12:01
5	Q. Did Mr. Guarino supply you with any	11:59:09	15	don't think you ever saw that?	12:0:
6	sort of medical chronology?	11:59:12	16	A. I don't think I recall seeing that.	12:0
7	A. He supplied me with the medical	11:59:14	17	Q. Do you know whether or not, as you	12:0:
8	records, but not	11:59:18	18	sit here, whether or not when the last time	12:0
9	Q. I am asking specifically about like	11:59:18	19	Mr. Allen had even presented to the emergency	12:0
Λ	a chronology?	11:59:20	20	department at Alaska Native Medical Center prior	12:0
U	A. No, he did not.	11:59:21	21	to April 13, 2003?	12:0
		11:59:22	22	A. I don't remember.	12:0
1	Q. Did you take any handwritten notes			Q. Can you tell me whether or not he	12:01
!1 !2	Q. Did you take any handwritten notes on this case?	11:59:24	23	di ann lon ren ute thieriet of not te	12.0.
!1 !2 !3			23	ever presented to any medical facility ever in the	
20 21 22 23 24 25	on this case?	11:59:24	ľ	ever presented to any medical facility ever in the	12:0: 12:0:

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		42.00.05			17:77:48
1	A. It certainly sounds like it. He	12:20:35	1	A. I did.	12:22:48 12:22:51
2	walked in. He was alert and he appropriately	12:20:37	2	Q. Was that sometime ago?	
3	answered questions appropriately. So it sounds	12:20:40	3	A. Yes,	12:22:53
4	like he didn't have any neurological definite.	12:20:43	4	Q. Do you remember who Dr. Dietz and	12:22:53
5	That's right,	12:20:46	5	Dr. Lee are?	12:22:56
6	Q. When you say, "his symptoms did not		6	A. Was Dr. Lee an internal medicine	12:22:57
7	significantly differ from his chronic complaints,"	12:20:48	7	doctor who	12:23:01
8	what is that based on?	12:20:50	8	Q. Yes.	12:23:01
9	A. Well, when he signed in to the	12:20:51	9	A admitted him when he came into	12:23:01
10	emergency room, I think that was the case where I	12:20:56	10	the hospital comatose? I don't remember	12;23:04
11	saw his notation that said his chief complaint was	12:21:00	11	Dr. Dietz. Tell me about him, if you would.	12:23:08
12	right ear pain or ear pain.	12:21:04	12	Q. Okay. Dr. Dietz is the emergency	12:23:09
13	And he went on to tell them that he was	12:21:06	13	room physician who admitted Mr does that sound	
14	worried about an ear Infection and that he	12:21:10	14	familiar?	12:23:15
15	typically got these symptoms when he would go over	12:21:14	15	A. Yes.	12:23:15
16	mountains and/or a mountain pass, and that as I	12:21:18	16	MS, McCREADY: I am going to mark as	12:23:15
17	understand it, he relayed that past history to the	12:21:23	17	Exhibit 4 a Providence Alaska Medical Center	
18	people in the urgent care.	12:21:29	18	record, date of service, April 19, '03, with Susan	
19	Q. I am going to mark as Exhibit 3	12:21:31	19	Dietz's his name on the bottom of it.	
20	that emergency visit record from April 19.	12:21:33	20	Sorry, Gary. I know I have got another	12,22,40
21	(Document marked Plaintiff's	12:21:47	21	copy. Oh, here we are.	12:23:19
22	Exhibit 3 for identification.)	12:21:48	22	(Document marked Plaintiff's Exhibit 4 for Identification.)	12:23:19
23	MR. GUARINO: That first packet of	12:21:57	23	•	12:23:19
24	things that I gave you, did that not get marked, the letters that	12,21,50	24	MS. McCREADY: Q. Do you remember	12:23:19 12:23:42
25	the letters that	12:21:58	25	reviewing this record?	12,23,42
		Page 114			Page 116
	MC M-CDCADV. I diddly mode the man	12-21-00	•	A. Yes.	12:23:44
1 2	MS. McCREADY: I didn't mark those yet. MR. GUARINO: Okay. All right. I	12:21:S8	1 2	Q. Is it your understanding that	12:23:44
				Q1 13 it your understanding that	
1 3	thought you had. All right		3		
3	thought you had. All right. MS_McCREADY: But thank you for		3	Dr. Dietz, as we just discussed, is the emergency	12:23:46
4	MS. McCREADY: But thank you for		4	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to	12:23:46 12:23:49
4 5	MS. McCREADY: But thank you for reminding me.	12:22:00		Dr. Dietz, as we just discussed, is the emergency	12:23:46 12:23:49 12:23:52
4 5 6	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what		4 5	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon	12:23:46 12:23:49 12:23:52 12:23:54
4 5 6 7	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3.	12:22:01	4 5 6	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes.	12:23:46 12:23:49 12:23:52
4 5 6	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3. Is this the record that you were	12:22:01 12:22:03	4 5 6 7	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th?	12:23:46 12:23:49 12:23:52 12:23:54 12:23:55
4 5 6 7 8	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3.	12:22:01	4 5 6 7 8	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes. Q. So you have reviewed this record	12:23:46 12:23:49 12:23:52 12:23:54 12:23:55 12:23:56
4 5 6 7 8 9	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3. Is this the record that you were referring to? A. Yes.	12:22:01 12:22:03 12:22:04	4 5 6 7 8 9	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes. Q. So you have reviewed this record before?	12:23:46 12:23:49 12:23:52 12:23:54 12:23:55 12:23:56 12:23:57
4 5 6 7 8 9 10	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3. Is this the record that you were referring to? A. Yes. Q. So this is the emergency visit	12:22:01 12:22:03 12:22:04 12:22:05 12:22:05	4 5 6 7 8 9	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes. Q. So you have reviewed this record before? A. That's correct.	12:23:46 12:23:49 12:23:52 12:23:54 12:23:55 12:23:56 12:23:57 12:23:58
4 5 6 7 8 9	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3. Is this the record that you were referring to? A. Yes.	12:22:01 12:22:03 12:22:04 12:22:05	4 5 6 7 8 9 10	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes. Q. So you have reviewed this record before? A. That's correct. Q. So did you I want to ask you	12:23:46 12:23:59 12:23:54 12:23:55 12:23:56 12:23:57 12:23:58 12:23:59
4 5 6 7 8 9 10 11 12	MS. McCREADY: But thank you for reminding me. Q. Dr. Shallat, I just handed you what has been marked as Exhibit 3. Is this the record that you were referring to? A. Yes. Q. So this is the emergency visit record from April 19, 2003; is that correct? A. Correct.	12:22:01 12:22:03 12:22:04 12:22:05 12:22:05 12:22:06	4 5 6 7 8 9 10 11 12	Dr. Dietz, as we just discussed, is the emergency room physician that admitted Todd Allen to Providence Alaska Medical Center on the afternoon of the 19th? A. Yes. Q. So you have reviewed this record before? A. That's correct. Q. So did you I want to ask you about where Dr. Dietz discusses the history of the	12:23:46 12:23:52 12:23:54 12:23:55 12:23:56 12:23:57 12:23:58 12:23:59 12:24:03
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30 (Pages 114 to 117)

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1	wife, who was present that morning, and that very	12:44:45	1	Mr. Alien actually had an aneurysm, what do you	12:46:51
2	same day, has a describes her husband as having	12:44:49	2	mean?	12:46:55
3	a severe headache and had pain going up the back	12:44:52	3	A. Just what I said. The only	12:46:55
4	of his head to the top of his head?	12: 44 :55	4	there is no proof. There is speculation based on	12:47:03
5	A. No, I can't. I mean, I can't put	12:44:56	5	statistics, and I would agree with the statistics.	12:47:00
6	myself in her shoes. I don't know. But why would	12:44:58	6	I already said that I think it is more likely than	12:47:09
7	two medical personnel who are trained to take	12:45:03	7	not that he did have an aneurysm.	12:47:1
8	histories accurately and why would they	12:45:06	8	Q. And there is no proof because we	12:47:1
9	Indicate it differently than what the wife's	12:45:10	9	don't there was no CT taken and he was not	12:47:1
10	recollection is later on? They document it. They	12:45:14	10	worked up for having a subarachnoid bleed that	12:47:2
11	wrote it down presumably the same day. And they	12:45:17	11	morning, so we don't have the data that; is	12:47:2
12	are trained to take histories.	12:45:21	12	correct?	12:47:2
13	There is no reason for them to fudge it	12:45:22	13	A. That's correct.	12:47:2
14	and say, Oh, no, I am going to make it sound like	12:45:23	14	Q. And that it's "pure speculation	12:47:2
15	It's ear and jaw and then head versus just	12:45:26	15	that his outcome could have been altered if the	12:47:3
16	headache. I mean, I don't there would be no	12:45:29	16	correct diagnosis had been made in a timely manner	12:47:3
17	reason for them to skew it in that direction.	12:45:32	17	and appropriate treatment Instituted"?	12:47:3
18	Q. But given well, Donna you	12:45:37	18	If you could explain that. Why is that	12:47:3
19	know the training of Donna Fearey. She is not a	12:45:41	19	pure speculation?	12:47:4
20	medical doctor. You understand that; is that	12:45:44	20	 A. Well, I think I explained it more 	12:47:4
21	correct?	12:45: 4 4	21	with this the subsequent, you know, things.	12:47:4
22	A. I understand.	12:45:44	22	Q. Sure. Please do.	
23	Q. Given what we know about what	12:45:45	23	A. And I think it has to do with the	12:47:5
24	happened with this gentleman, that he subsequently	12:45:51	24	time line of his whole clinical course. I think	12:47:5
25	died of a subarachnoid bleed, do you think that	12:45:53	25	that is my point, that I think it would have been	12:47:5
		Page 138			Page 140
1	do you have any opinion as to whether or not it's	12:45:56	1	very difficult to have a good outcome in his case,	12:48:0
2	more likely than not that he had severe head pain	12:45:59	2	even if the correct diagnosis were made that	12:48:1
3	going up the back of his head to the top of his	12:46:02	3	morning based on what I say here.	12:48:1
4	head that morning?	12:46:04	4	Q. I mean, it's true, isn't It, that	12:48:1
5	A. I have no way of knowing that. I	12:46:05	5	this gentleman was discharged after given a shot	12:48:2
6	just have to go by what is written down there.	12:46:08	6	of Phenergan; is that right?	12:48:2
7	Q. I am going to go to the next	12:46:10	7	A. That's right.	12:48:2
8	paragraph of your report.	12:46:20	8	Q. He was sent to do whatever he was	12:48:2
9	MR. GUARINO: Is that Exhibit 2 now,	12:46:26	9	going to do; is that right?	12:48:2
10	just for	12:46:27	10	A. Mm-hmm.	12:48:2
11	MS. McCREADY: Yes, It is. Thank you.	12:46:27	11	Q. He went to and according you	12:48:2
				Tenant you have road the wifels describing is that	12.40.2
12	Q. It says, "Since there was no proof	12: 46 :28	12	know, you have read the wife's deposition; is that	12:48:3
12 13	Q. It says, "Since there was no proof that Mr."	12:46:28 12:46:29	12 13	right?	
13 14					12:48:3
13 14 15	that Mr."	12:46:29	13	right? A. Yes. Q. And they went Sam's Club and they	12:48:3 12:48:3 12:48:3 12:48:3
13 14 15 16	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no	12:46:29 12:46:29	13 14	right? A. Yes.	12:48:3 12:48:3 12:48:3 12:48:4
13 14 15	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second.	12:46:29 12:46:29 12:46:30	13 14 15	right? A. Yes. Q. And they went Sam's Club and they	12:48:3 12:48:3 12:48:3 12:48:4 12:48:4
13 14 15 16	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no	12:46:29 12:46:29 12:46:30 12:46:34	13 14 15 16	A. Yes. Q. And they went Sam's Club and they walked around; is that true? A. They first went to breakfast. He ate a large breakfast, she said.	12:48:3 12:48:3 12:48:4 12:48:4
13 14 15 16 17	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no proof" and I am reading from your report	12:46:29 12:46:30 12:46:34 12:46:38	13 14 15 16 17	right? A. Yes. Q. And they went Sam's Club and they walked around; is that true? A. They first went to breakfast. He	12:48:3 12:48:3 12:48:4 12:48:4 12:48:4
13 14 15 16 17 18	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no proof" and I am reading from your report "that Mr. Allen actually had any aneurysm, it is	12:46:29 12:46:30 12:46:34 12:46:38 12:46:40	13 14 15 16 17 18	A. Yes. Q. And they went Sam's Club and they walked around; is that true? A. They first went to breakfast. He ate a large breakfast, she said.	12:48:3 12:48:3 12:48:4 12:48:4 12:48:4 12:48:4
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13 14 15 16 17 18 19 20 21	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no proof" and I am reading from your report "that Mr. Allen actually had any aneurysm, it is pure speculation his outcome could have been altered if the correct diagnosis was made in a timely manner and appropriate treatment	12:46:29 12:46:30 12:46:34 12:46:38 12:46:40 12:46:42 12:46:43 12:46:43	13 14 15 16 17 18 19 20 21	A. Yes. Q. And they went Sam's Club and they walked around; is that true? A. They first went to breakfast. He ate a large breakfast, she said. Q. Is that something that is of consequence to you or is that A. Again, in my mind, that is not the	12:48:3 12:48:3 12:48:4 12:48:4 12:48:4 12:48:4 12:48:4 12:48:4
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13 14 15 16 17 18 19 20 21 22 23	that Mr." MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second. MS. McCREADY: Q. "Since there was no proof" and I am reading from your report "that Mr. Allen actually had any aneurysm, it is pure speculation his outcome could have been altered if the correct diagnosis was made in a timely manner and appropriate treatment instituted." I have a couple of questions about that	12:46:29 12:46:30 12:46:34 12:46:38 12:46:40 12:46:42 12:46:43 12:46:45 12:46:48	13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. And they went Sam's Club and they walked around; is that true? A. They first went to breakfast. He ate a large breakfast, she said. Q. Is that something that is of consequence to you or is that A. Again, in my mind, that is not the picture of someone who has had a major bleed at that point in time. You know, he is too well to	12:48:3 12:48:3 12:48:4 12:48:4 12:48:4 12:48:4 12:48:4 12:48:4 12:48:4

1	Q. But not only did he not get	13:04:35	1	A. No.	13:06:35
2	treatment, wasn't it he was not even told not	13:04:37	2	Q. So not only was he not treated, he	13:06:39
3	to lift anything. I mean, he went let me	13:04:41	3	was doing things that could have been	13:06:42
4	strike that. Let me ask a question.	13:04:44	4	contraindicated for his condition; is that fair to	13:06:46
5	Wasn't it really worse than not getting	13:04:48	5	say?	13:06:47
6	medical treatment for Mr. Allen in that he went on	13:04:50	6	 That is fair to say. 	13:06:47
7	to do certain activities that, in fact, could have	13:04:52	7	Q. So isn't it speculation that he	13:06:47
8	made his condition worse?	13:04:54	8	would have had a poor prognosis regardless of	13:06:49
9	MR. GUARINO: Object to foundation.	13:04:56	9	treatment?	13:06:52
10	THE WITNESS: Well, you know, I guess If	13:04:58	10	 A. I still think yes, I still think 	13:06:53
11	he went to the gym and started weight-lifting,	13:05:03	11	his prognosis was very poor, because, as I said,	13:06:57
12	that would have been bad, but I mean, to since	13:05:06	12	even if the diagnosis had been made, the time line	13:07:01
13	the diagnosis was not made, I don't know that	13:05:09	13	of how quickly he could have been worked up and/or	13:07:05
14	there was any reason for them to give him any	13:05:12	14	treated was such that I think he by the time	13:07:09
15	special precautions. And, in fact, it sound like	13:05:16	15	the diagnosis was made, the definitive one with an	13:07:14
16	he didn't do much.	13:05:18	16	angiogram, was about the time he probably started	13:07:18
17	I mean, he laid down on a swing at Sam's	13:05:19	17	deteriorating. And, you know, I am not sure that	13:07:21
18	Club while she was shopping, and when they got	13:05:22	18	anything that anybody could have done could have	13:07:27
19	back to the hotel he laid down. He might have	13:05:24	19	turned that around.	13:07:30
20	brought some packages in, but I don't know how	13:05:27	20	Q. Doctor, let me ask you, isn't one	13:07:31
21	much they weighed or how much, you know, exertion	13:05:30	21	of the purposes of when you are monitoring a	13:07:35
22	he did. But it sounds like he didn't do much.	13:05:32	22	patient who has got a subarachnoid bleed, before	13:07:38
23	But I mean, you can always use hindsight	13:05:37	23	you do an angiogram or before you do surgery or	13:07:39
24	and say, gee, if we had known his diagnosis, we	13:05:40	24	before you do any sort of further testing, isn't	13:07:42
25	should have told him not to do this or that, but	13:05:41	25	one of the reasons to monitor the patient so that	13:07:45
		Page 158			Page 160
1	we didn't they didn't know, so I can't fault	13:05:44	1	you can prevent them from deteriorating?	13:07:47
2	them for not saying don't do this or that.	13:05:47	2	MR. GUARINO: Object to the foundation.	13:07:50
3	MS. McCREADY: Q. And I'm sorry, my	13:05:51	3	THE WITNESS: Well, I will try to answer	13:07:5
4	question probably was not very clear, because I	13:05:51	4	that. Let's say he was being monitored. Let's	13:07:5
5	didn't mean criticize I didn't mean to ask you	13:05:54	5	say he was in the hospital being monitored, and	13:07:5
6	to criticize or not criticize the staff at Alaska	13:05:57	6	then at 1:00 in afternoon they say, Okay, we are	13:08:0
7	Native Medical Center because they didn't give him	13:06:00	7	ready for you, Mr. Allen, for your angiogram. And	13:08:0
8	precautions when he left.	13:06:03	8	they take him down and sedate him to do the	13:08:0
9	But my question really is, not only did	13:06:04	9	angiogram.	13:08:0
10	Mr. Allen you would agree with me that	13:06:07	10	And during the course of the angiogram,	13:08:0
11	Mr. Allen certainly didn't get any medical	13:06:10	11	you know, because that is about the time that he	13:08:12
12	treatment when he left Alaska Native Medical	13:06:12	12	started going down the hill. There is not much	13:08:1
13	Center that morning.	13:06:14	13	you could do, I mean, you know. So it didn't	13:08:1
14	A. Okay. Other than the Phenergan.	13:06:15	14	matter. I am presenting a hypothetical case, as	13:08:2
15	Q. Other than the Phenergan.	13:06:16	15	you are, too.	13:08:2
16	A. Okay.	13:06:17	16	MS. McCREADY: Q. Sure, But we only	13:08:2
17	Q. But he did things I mean,	13:06:17	17	have hypotheticals because we have got a lack of	13:08:2
18	lifting things certainly would not be something	13:06:21	18	data in this case; isn't that right?	13:08:3
19	you would recommend to a patient with a	13:06:24	19	A. Yeah. But I mean, I am saying	13:08:3
20	subarachnoid hemorrhage to do; wouldn't that be	13:06:26	20	that, you know, he started going downhill very	13:08:3
21	fair?	13:06:27	21	rapidly about the time that, my understanding of	13:08:3
22	A. That's correct.	13:06:27	22	the logistics and the time line of how he could	13:08:4
23	Q. Would you recommend to a patient	13:06:28	23	have been worked up and treated, you know, and he	13:08:4
23	with a subarachnoid hemorrhage that they lay down		24	certainly I don't think that they could have	13:08:5
25	and go to sleep without any monitoring?	13:06:34	1	gotten him in good enough shape to ship him down	13:08:5
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1	to Seattle based on what I know of when he went	13:09:00	1	conditions. Those are the two things that you	13:11:32
2	downhill and how long it would have taken them to	13:09:03	2	look for In someone who is very severely impaired	13:11:36
3	get him worked up and then shipped out.	13:09:06	3	as he was at the time he had that CAT scan, in the	13:11:40
4	Now, if they didn't take the time to do	13:09:08	4	hopes that you can deal with that and make him	13:11:43
5	the angiogram and just said, Hey, we have got a	13:09:11	5	better.	13:11:45
		13:09:12	_		13:11:46
6	guy that we really think has a subarachnoid		6	He did have subarachnoid hemorrhage, for	
7	hemorrhage. We are going to ship you down right	13:09:15	7	sure, and he had cerebral edema or brain swelling.	13:11:50
8	now; and I don't know how long that would have	13:09:16	8	Q. Let me ask you about the do we	13:11:56
9	taken to get the helicopter and get him to	13:09:19	9	know whether or not he had either of those two	13:12:00
10	Seattle, but that might have been a better	13:09:24	10	conditions, the hydrocephalus or a blood clot,	13:12:02
11	scenario than admitting him, working him up, doing	13:09:30	11	earlier in the day?	13:12:04
12	the angiogram there, and then deciding where he	13:09:33	12	A. No. They have would have showed up	13:12:05
13	should go.	13:09:36	13	on the CAT scan.	13:12:07
14	But I still think, you know, it was a	13:09:38	14	Q. They would have showed up on the	
15	case that would have been very difficult to have a	13:09:43	15	CAT scan	
16	good outcome no matter what.	13:09:46	16	A. Oh, yeah.	13:12:08
17	Q. I guess I want to ask about your	13:09:48	17	Q in the afternoon?	13:12:08
18	opinion about that.	13:09:52	18	And when and the CAT scan was taken	13:12:09
19	Do you think it's more likely than not	13:09:53	19	after he was went into respiratory arrest and	13:12:11
20	that regardless of the treatment he would have had	13:09:56	20	was taken to the hospital; is that right?	13:12:16
21	the same outcome? And more likely than not	13:09:58	21	A. Right.	13:12:17
22	meaning, you know, is it more than 50 percent	13:10:01	22	Q. And then, so he certainly had	13:12:17
23	likely that he would have had the same outcome	13:10:03	23	subarachnoid	13:12:18
24	regardless of treatment?	13:10:05	24	A. Hemorrhage.	
25	A. Yes.	13:10:06	25	Q hemorrhage?	13:12:20
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					10.10.00
1	Q. You reviewed the CAT scan from	13:10:07	1	A. Mm-hmm.	13:12:20
2	Providence; is that right?	13:10:11	2	Q. And then he had brain swelling?	13:12:20
3	A. Yes.	13:10:12	3	A. Right.	13:12:21
4	Q. Tell me what you gleaned from that		4	Q. And then did Mr	
5	CAT scan.	13:10:14	5	 A. And he probably also had signs of 	13:12:23
6	 A. Well, the first thing that I 	13:10:14	6	ischemia to the brain.	13:12:27
7	gleaned was the absence of two conditions that	13:10:17	7	Q. Did you see that he had signs of	13:12:29
8	could have helped him a lot if he had them and	13:10:22	8	ischemia to the brain?	13:12:31
9	they were dealt with, and the local neurosurgeons	13:10:26	9	 A. Yeah, because the distinction 	13:12:32
10	could have dealt with that. And that is, one is a	13:10:30	10	between the gray matter and the white matter was	13:12:34
11	clot, intercerebral hemorrhage. And if that was a	13:10:35	11	indistinct or blurred, and that is usually an	13:12:36
12	large clot and causing mass effect on the brain,	13:10:41	12	indication that there has been some ischemic	13:12:39
13	they could have gone in and evacuated that clot	13:10:46	13	change to the brain.	13:12:4:
14	and got him in much better shape for subsequent	13:10:49	14	Q. Let me ask you to explain that.	13:12:42
15	treatment of the aneurysm.	13:10:53	ı	What are the signs I mean, what is	13:12:44
16	The second condition that he could have	13:10:54	1	ischemia, and then how does that relate to gray	13:12:46
17	had on that CAT scan, but he didn't, was	13:10:58	ı	and white matter being	13:12:49
18	hydrocephalus, enlarged ventricles to the blood	13:11:02	1	A. Well, ischemia means that there is	13:12:50
19	obstructing the flow or absorption of spinal	13:11:07	19	lack or insufficient blood supply to the brain.	13:12:55
20	fluid. And they could have put in a ventricular	13:11:10	1	And when you have that it causes damage to the	13:13:0
21	drain, an external ventricular drain, or EVD,	13:11:14	1	brain, and that can be visualized or imaged on the	13:13:07
22	that, again, could have made him better to the	13:11:17	1	CAT scan by blurring of the gray-white junction,	13:13:13
23			1		13:13:1
	point where then they could have either dealt with	13:11:24	1	the where the gray matter and the white matter	
24	the aneurysm or shipped him out or what have you.	13:11:27		meet should be clearly demarcated, and when you	13:13:21
25	He didn't have either of those	13:11:30	25	see it kind of blend together, as it is in this	13:13:24
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1	improved his condition; is that correct?	13:26:37	1	What is that based on? I want to know everything	13:29:03
2	A. Correct.	13:26:38	2	that you are looking at to come to that opinion.	13:29:07
3	Q. It's not that, you know, had he had	13:26:38	3	A. Well, to me it's the best	13:29:08
4	a subarachnoid bleed If you have got somebody	13:26:42	4	explanation of why he went downhill so quickly.	13:29:12
5	who has strike all that.		5	As I said earlier, if we accept the fact that he	13:29:18
6	If you have a patient with a	13:26:46	6	probably had a sentinel bleed in the morning, you	13:29:25
7	subarachnoid bleed and they present to a medical	13:26:47	7	usually don't go downhill that rapidly from a	13:29:29
8	facility and they are actually neurologically	13:26:50	8	small sentinel bleed. You usually don't develop	13:29:32
9	intact, that is not necessarily going to make a	13:26:52	9	severe brain swelling, ischemia, vasospasm,	13:29:35
10	big difference whether they have hydrocephalus or	13:26:55	10	et cetera.	13:29:39
11	a clot; is that right?	13:26:58	11	And so, the way I put this together is	13:29:40
12	 A. That's correct. 	13:26:58	12	that the most likely scenario is that he had the	13:29:45
13	Q. So when you state the opinion that	13:26:59	13	major bleed or rebleed, if you will, sometime that	13:29:48
14	Mr. Allen's CT scan showed neither of these	13:27:06	14	afternoon while he was in the hotel room sleeping.	13:29:53
15	conditions, that is, the hydrocephalus or this	13:27:09	15	Q. So you base that on the just the	13:29:58
16	clotting issue, which in my opinion means that his	13:27:10	16	description of his course through the day? Is	13:30:03
17	prognosis was very poor, regardless of when or	13:27:13	17	that fair to say?	13:30:06
18	where or what kind of treatment was instituted,	13:27:16	18	A. Yes.	13:30:06
19	that is based on the fact that he at the point	13:27:18	19	Q. Is any of that based on the wife's	13:30:0
20	where they took the CT scan, he was in such bad	13:27:22	20	deposition testimony? That is, that opinion about	13:30:10
21	shape; is that right?	13:27:26	21	whether or not he rebied, is that based at all on	13:30:14
22	A. That's correct.	13:27:26	22	the wife's testimony about what happened during	13:30:17
23	Q. I am going to jump down toward the	13:27:28	23	the day?	13:30:18
24	end of your report, because I think we have spoken	13:27:38	24	A. No.	13:30:19
25	quite a bit about that the one paragraph I am	13:27:43	25	Q. Is it based on, in part, on the	13:30:19
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1	going to skip over for now.	13:27:46	1	record from the Alaska Native Medical Center, the	13:30:26
2	It says, "In general, aneurysms are	13:27:47	2	emergency room visit record from the 19th?	13:30:29
3	Ideally treated within 72 hours of the initial	13:27:49	3	A. Well, only to the extent that, as I	13:30:32
4	bleed."	13:27:52	4	said earlier, his condition when he was seen at	13:30:3
5	And why is that?	13:27:52	5	the Alaska Native Regional Center was such that I	13:30:4:
6	 A. Well, a couple of reasons. One is 	13:27:56	6	don't think he had had a major bleed at that time.	13:30:46
7	the sooner you deal with them, the sooner you	13:28:04	7	And that's why I don't think that he would have	13:30:50
8	eliminate the possibility of rebleeding. The	13:28:09	8	had that terrible decline in clinical condition	13:30:53
9	second reason is that the peak Incidence of	13:28:12	9	unless he rebled.	13:30:58
10	vasospasm is probably between three and ten days	13:28:17	10	Q. I am just trying to hit on all the	13:31:0
11	post bleed.	13:28:22	11	factors that went into your opinion about him	13:31:03
12	Q. Could you tell by looking at	13:28:24	12	rebleeding.	13:31:0
13	Mr. Allen's CAT scan on the 19th whether or not he	13:28:26	13	And so, was it based on the CT scan in	13:31:07
14	had suffered a vasospasm?	13:28:30	14	the afternoon?	13:31:09
15	 A. Can't tell from CAT scan. 	13:28:31	15	 A. Well, to some extent the CT scan 	13:31:1
16	Q. Can you tell by looking at his CAT	13:28:33	16	showed, A, that he had a significant bleed; B,	13:31:1
17	scan whether or not that is a rebleed?	13:28:37	17	that he had cerebral edema; C, that he had	13:31:19
18	A. No.	13:28:38	18	ischemia. All of those things, in my opinion, are	13:31:2
19	Q. Do you have an opinion about	13:28:39	19	more likely the result of a major bleed, and in my	13:31:28
20	whether or not he rebled that day?	13:28:40	20	opinion, the morning bleed, if he had one, was not	13:31:32
21	A. I think it's more likely than not	13:28:42	21	a major one.	13:31:3
22	that he had the sentinel bleed the night before or	13:28:48	22	Q. Now, I want to just explore the,	13:31:3
23	early that morning, and that he rebled sometime	13:28:52	23	sort of, possibilities. And I understand it's	13:31:4
24	when he was In his hotel room that afternoon.	13:28:57	24	your opinion it's more likely than not that he had	13:31:4
25	Q. Why do you I'm just curious.	13:29:01	25	a sentinel bleed the night before, sometime before	13:31:4
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1	he presented to the ER, and then a rebleed that	13:31:49	1	40?	13:34:39
2	afternoon before he was taken to Providence; is	13:31:54	2	A. Sure.	13:34:40
3	that right?	13:31:57	3	Q. What else?	13:34:42
4	A. That's correct.	13:31:57	4	A. The magnitude of the bleed bears on	13:34:42
5	O. So now I want to understand	13:31:58	5	the outcome. I mean, in other words, how much	13:34:50
6	possibilities.	13:31:59	6	blood do you see when you go in surgically, or how	13:34:53
7	I don't know, is it possible he could	13:32:01	7	much blood do you see on the CAT scan, is it a	13:34:56
8	have had a significant bleed before he presented	13:32:02	, B	little bit or is it a lot? And that seems to have	13:34:59
9	to the ER on the morning of April 19th?	13:32:05	9	a prognostic significance.	13:35:03
10	A. I don't think so.	13:32:07	10	Q. And just in terms of quantities, I	
			l		13:35:05
11	Q. Is that based on the note?	13:32:08	11	don't know how neurosurgeons talk about it. Do they talk about it in terms of, you know, gee, it	13:35:1:
12	A. On how he presented. As I said, he	13:32:12	12		13:35:1
13	didn't seem sick enough to be someone who had a	13:32:16	13	was like a pint of blood? I'm just curious, How	13:35:1
14	major subarachnoid hemorrhage.	13:32:20	14	do they measure it or have they	13:35:2
15	Q. Is that based on your own	13:32:24	15	A. Well, you don't really quantitate	13:35:20
16	experience or the literature or what would that	13:32:26	16	it, other than to say, yeah, there was a lot of	13:35:2
17	A. On my own experience and the	13:32:29	17	blood in the subarachnoid space or in the distern	13:35:2
18	literature, yes.	13:32:30	18	is what we call it. But surgically, you in	13:35:30
19	Q. Let me ask you this. Would you	13:32:31	19	fact, one of the goals of surgery is to evacuate	13:35:3
20	agree that it's, at least in most of the cases	13:32:50	20	as much of the local clot around the area of the	13:35:3
21	involving patients with subarachnoid bleeds, that	13:32:52	21	aneurysm as you can because that seems to lessen	13:35:4
22	they usually rebleed after the first 24 hours? I	13:32:54	22	the subsequent incidence of vasospasm.	13:35:4
23	mean, is that generally the case?	13:33:02	23	But on CAT scan, as far as quantifying	13:35:5
24	 Well, I don't know what the 	13:33:02	24	it, you know, it's generally just more whether you	13:35:5
25	statistics are exactly, but I know that patients	13:33: 0 6	25	see localized blood in one area, like in the	13:36:0
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1	do rebleed in the first 24 hours.	13:33:10	1	Sylvian fissure, or generalized or diffuse, such	13:36:0
2	Q. Sure, they do, and I am just	13:33:13	2	as in Mr. Allen's case.	13:36:0
3	wondering, do you know what the statistics are on	13:33:14	3	Q. What is the significance if it's	13:36:1
4	that?	13:33:19	4	diffuse versus	13:36:1
5	A. No.	13:33:19	5	 A. Well, that just means that there is 	13:36:1
6	Q. When you say the peak of incidence	13:33:19	6	a greater quantity of blood in the subarachnoid	13:36:1
7	of vasospasm is between three and ten days post	13:33:24	7	space, that there was a major bleed and it's	13:36:1
8	bleed, what is that based on?	13:33:26	8	spread all over.	13:36:2
9	A. The literature.	13:33:27	9	Q. Would you describe Mr. Allen's CT,	13:36:2
10	Q. What are some of the other	13:33:28	10	is there is it just is it really just like	. 13:36:2
11	factors I want to talk about patient outcomes	13:33:52	11	there is a little bit of blood or there is a lot	13:36:3
12	and of patients who have aneurysms that	13:33:55	12	of blood?	13:36:3
13	resulted in subarachnoid bleeds.	13:33:57	13	A. There is a lot of blood.	13:36:3
14	What are some of the factors that we	13:33:59	14	Q. But in terms of characterizing the	13:36:3
15	have talked about the Hunt-Hess scale, you know,	13:34:01	15	amount of blood that you might see on a CT, is	13:36:3
16	how somebody is doing neurologically. Are there	13:34:04	16	that generally how neurosurgeons talk about it,	13:36:3
17	other factors that would play a role in how a	13:34:06	17	there is a little blood, there is a lot of blood?	13:36:4
18	patient is likely to do?	13:34:12	18	A. Well, or they might say it is	13:36:4
19	A. Yes. In the first place, there are	13:34:13	19	diffuse rather than localized. That's probably a	13:36:4
20	other grading scales beside the Hunt-Hess. I	13:34:17	20	more common characterization, I would say.	13:36:4
21	think the Hunt-Hess is probably the most widely	13:34:21	21	Q. Are there any opinions, just	13:36:4
22	used, but there are other grading scales. I think	13:34:23	22	generally, that you is there anything that you	13:36:5
23	that the statistics would say that the younger the	13:34:30	23	have seen, any documents, reports, anything you	13:36:5
24	patient, the better the outcome in general.	13:34:33	24	have seen, since you have drafted your report	13:37:0
25	Q. And the younger meaning less than	13:34:37	25	which would make you want to amend your report or	13:37:0
23	Cr. raid the founder meaning toos than	10.01.07	-	The state them for the state of among your report of	20.07.10
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1	heavy objects or have a bump in your blood	13:47:12	1	of the patient with a subarachnoid bleed, does	13:49:43
2	pressure to have a rebleed. The sentinel bleed is	13:47:15	2	that influence at all whether or not a patient	13:49:45
3	stopped by a very fragile little clot that	13:47:18	3	rebleeds?	13:49:47
4	normal physiologic mechanisms dissolve that clot.	13:47:23	4	 Well, only to the extent that, as 	13:49:48
5	That is the normal thing that bodies do. They	13:47:28	5	you said earlier, you are keeping him in bed and	13:49:52
6	dissolve clots that form in your system.	13:47:32	6	trying to prevent him from vomiting so he doesn't	13:49:55
7	Q. But certainly a patient is more	13:47:35	7	raise his pressure. You prevent his blood	13:49:58
8	likely to rebleed if they do something that	13:47:37	8	pressure from jumping up. You can do things to	13:50:01
9	could	13:47:39	9	try and minimize outside factors from causing a	13:50:03
10	A. That certainly could increase your	13:47:39	10	rebleed, but rebleeding is inevitable in a certain	13:50:10
11	chances of rebleeding, but as statistics will	13:47:41	11	percentage of cases no matter what you do and	13:50:15
12	show, rebleeding happens many times even in	13:47:47	12	where you are treated and how you are treated.	13:50:17
13	patients who are hospitalized in medical centers	13:47:52	13	Q. Do you know what the percentage	13:50:19
14	with aneurysm care of the latest variety before	13:47:55	14	that percentage of cases is?	13:50:21
15	they get to surgery. It happens. There doesn't	13:48:00	15	A. No. I can't quote the number.	13:50:22
17	have to be a causative incident to make them rebleed.	13:48:05	16	Q. Do you know whether or not it's	13:50:24
18		13:48:09	17	less than 50 percent?	13:50:26
19	Q. But certainly there could be a	13:48:09	18	A. Well, it probably is, but, I mean,	13:50:27
20	causative incident that does cause rebleeding? A. Yes.	13:48:10 13:48:14	19	that is it's hard to quote a number because it	13:50:33
21			20	depends on what time frame you are talking about.	13:50:37
22	Q. For instance, a patient exerting himself, that could cause a rebleed; isn't that	13:48:14	21	Are you talking about in 24 hours or in 72 hours	13:50:40
23	right?	13:48:16 13:48:18	22	or ten days? I mean, some centers, you know, will	13:50:43
24	A. It could be, yes.	13:48:18	23 24	sit on patients for ten days and then operate, you	13:50:52
25	Q. Before you go on, let me just make	13:48:20	25	know, and their incidence of rebleeding is	13:50:54
-5	Q. Defore you go on, let me just make	13.40.20	25	significant in that time. If you operate in the	13:50:58
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1	sure that I followed up on that.	13:48:30	1	first 72 hours, it's less.	13:50:59
2	Had he been diagnosed with a	13:48:31	2	But so, in quoting a number, it has to	13:51:01
3	subarachnoid hemorrhage in the morning when he	13:48:40	3	be tied in to how many days you are talking, over	13:51:06
4	presented at the Alaska Native Medical Center	13:48:44	4	what period of time from the initial bleed.	13:51:09
5	Emergency Department, his best Hunt-Hess grade at		5	Q. Do you have an opinion as to when	13:51:10
6	that point would have been a 1; isn't that right?	13:48:52	6	Mr. Allen rebled on the date of the on the	13:51:12
8	A. That's right.	13:48:53	7	19th?	13:51:16
1	Q. And, in fact, his worst Hunt-Hess	13:48:54	8	A. Well, I can only say that it likely	13:51:16
10	grading system would have been a 1; isn't that	13:48:59	9	happened sometime between the time he laid down	13:51:21
11	right? Certainly at that time in the morning had he been diagnosed	13:49:01	10	and went to sleep, which was, what, about was	13:51:25
12	A. Well, at 8:00 in morning, yeah.	13:49:03 13:49:03	11	it 1:00 or 1:30? I mean, there are little	13:51:29
13	But that is irrelevant. What I am saying is what	13:49:05	12	discrepancies in the time frame, I think, from the	13:51:32
14	is relevant is his worst grade prior to treating	13:49:05	13 14	different stories, but basically, I think it's	13:51:37
15	the aneurysm. Okay. I am saying that	13:49:09		somewhere around 1:00 or 1:30 in the afternoon	13:51:39
16	Q. And you define treatment, then, in	13:49:19	15 16	that he went to sleep, and she went out for	13:51:42
17	that instance as surgery?	13:49:21	17	McDonald's or something and then came back. But sometime between there and, say, 3:00 or 4:00, I	13:51:46
18	A. Surgery or interventional coiling.	13:49:22	18	would say.	13:51:49
,19	Q. But not medical treatment?	13:49:25	19	•	13:51:53
20	A. That's right, because medical	13:49:29	20	Q. Why do you say there the time, whatever time he laid down, to 3:00 or 4:00?	13:51:54
$\sum_{i=1}^{n}$	treatment can't stop bleeding.	13:49:30	21	A. Well	13:51:56
22	Q. Can it does it change let me	13:49:35	22	Q. I am focused on the 3:00 or 4:00	13:52:00
23	make sure I understand that.	13:49:37	23		13:52:01
24	Does it change at all? Medical	13:49:39	23	A Yeah Lam accuming that when he	13:52:03
25	treatment, that is, preoperative medical treatment	13:49:40	25	A. Yeah. I am assuming that when he had the sonorous or stertorous breathing, that	13:52:03 13:52:05
				a.c sociolos of scattorous breathing, triat	
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